



Wagga Wagga Health Service Redevelopment Stage 3

Communications and Engagement Plan

Document Control

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1. Introduction

To ensure communications and engagement activities across Wagga Wagga Health Service Redevelopment Stage 3 (WWHSR Stage 3) have an aligned communications foundation, this document has been developed as the single reference point.

2. Objectives

The main objective of this Communications and Engagement Plan (the Plan) is to establish an approach to communications and engagement across WWHSR Stage 3 which is:

- **Proactive**
- **Transparent**
- **Inclusive**
- **Coordinated**
- **Collaborative.**

The Plan should be read in conjunction with the Project Governance Structure which provides Terms of Reference for planning and implementation phases of the Project. This Plan should also be read in conjunction with HI's Communications and Engagement Guidelines which provide a clear guidance for the approvals processes for communications activities.

The Plan will be reviewed and updated on an as-needed basis to ensure that key messages remain aligned and accurate.

3. Overview & Scope

The Wagga Wagga Health Service Redevelopment Stage 3 will provide a modern health care service suited to the current and future needs of local communities. The new service configuration for the priority clinical areas will enable Murrumbidgee Local Health District (MLHD) to meet the projected demand as defined within the 2006 Clinical Services Plan (CSP). The CSP was refreshed in 2010 and again in 2017.

The WWHSR Stage 3 will include:

- 28 flexible Aged Care Beds, including 2 to 4 dedicated beds for Acute Delirium
- 24 Rehabilitation beds
- 24 bed Older Person's Mental Health Inpatient Unit
- 20 chair Renal Dialysis Unit plus four training chairs
- Ambulatory Clinics, Rehabilitation and Allied Health, comprising 60 bookable (electronic patient flow management system) Interview / Consult rooms and Gym / Allied Health treatment spaces. Services accessing this area will include Primary and Community Health, Outpatients, Prosthetics and Orthotics, Mental Health, Drug and Alcohol, and Oral Health services (total of 8 oral health chairs)
- An education area including library, conference rooms (60 seats total) and a lecture theatre (100 seats)
- Extended Hours Services using 10 treatment spaces and 6 consultation rooms and shared support areas with renal dialysis
- Workforce and office accommodation will be provided for staff associated with Stage 3, refined through New Ways of Working (NWW)
- The NWW assessment will be also extended to Support Services staff, including Patient Flow, IT, HealthShare, Health Information Services, Pastoral Care and Volunteer Services
- Breast Screen will be provided offsite by the project in a retail setting
- New parking for 100 vehicles in addition to the 440 spaces available at the end of stage 2.

3.1 Funding

In February 2015, the then Health Minister announced that the budget allocation to deliver WWHSR Stage 3 was \$170 million.

In February 2017, the NSW Premier announced that demolition works for Stage 3 would be brought forward to enable a continuous build on-site from Stage 2 to Stage 3.

In the 2018-19 budget the Estimated Total Cost (ETC) for the three stages of the Redevelopment was combined, taking into account the final budget for stages 1 and 2, for an updated ETC of \$431.31 million.

3.2 Progressive Achievements

The WWBH Stage 3 project will commence in February 2019 with CPB Contractors.

- The project has been tendered and the successful tenderer, CPB was appointed on 21 December 2018.
- Develop Concept Design Schematic Design documentation and Detailed Design documentation on the endorsed scope of works.

Stage 3 Planning Phase commenced in July 2017 and was completed in late 2017.

The Project Scope was confirmed following the Value Management Study Workshop which was held on 13 November 2017. The preferred option was endorsed by the Project Control Group (PCG) and the Executive Steering Committee (ESC).

The Final Business Case was issued on 27 April 2018.

Schematic Design for the WWHSR Stage 3 was completed in Q3 2018.

Design is progressing/ongoing with more than 12 user groups including medical and nursing staff, health care professionals. This is now managed by CPB contractors, who are responsible for Detailed Design and Construction under their contract.

Project User Groups (PUGs) for Detailed Design will be undertaken in two rounds, in mid-February and mid-March.

3.3 Facts

Wagga Wagga is the major centre within MLHD. It is the second largest inland rural city in NSW and the largest in the LHD.

While the catchment area of the WWHS varies across services, for planning projection purposes MLHD is 125,243 square kilometres across southern NSW, stretching from the Snowy Mountains in the east to the plains of Hillston in the northwest and all the way along the Victorian border.

MLHD encompasses 21 Local Government Areas (LGA) in central and southern NSW. Cities and towns in these LGAs include Berrigan, Bland, Boorowa, Carrathool, Conargo, Coolamon, Cootamundra, Corowa, Deniliquin, Greater Hume, Griffith, Gundagai, Hay, Jerilderie, Junee, Lachlan (part), Leeton, Lockhart, Murrumburrah-Harden Narrandera, Temora, Tumbarumba, Tumut, Urana, Wagga Wagga, Wakool and Young. MLHD provides services to the Albury City population.

MLHD as of June 2016, had an estimated resident population (ERP) of 242,840 (Albury LGA of 52,165 is not included) The population is projected to grow by just over 1 per cent from the ERP 2011 to 2021 to reach approximately 244,870 people then increase by 0.5% to 246,220 by 2026 with a projected decline from 2026 to 2031 (2016 Department of Planning and Environment New South Wales State and Local Government Area Population Projections).

However, the projected rate of growth in population of those aged 75 years and over is **52.5 per cent by 2026**.

People aged 75 years and over will rise from **7.2 per cent of the catchment population in 2011 to 10.3 per cent of the catchment population in 2026**.

This will contribute to a significant growth in demand for those services to be provided in WWHSR Stage 3.

The development of an integrated WWHS through Redevelopment Stage 3 will help meet this demand by enhancing the timely discharge from acute services of patients to more appropriate health

care, and by better enabling MLHD to realign hospital admission and discharge functions and systems for admitted patient care.

It will also concentrate a pool of clinical staff with skills in non-acute and ambulatory care and community health services to target better the needs of people with chronic and complex health problems.

3.4 Employment Figures

To be provided during construction phase.

4. Key Project Messages

4.1 General

- The Redevelopment Stage 3 will bring to fruition the overall Redevelopment, following completion of Stages 1 and 2 for the delivery of contemporary and integrated health services.
- The WWHS Redevelopment Stage 3 will provide a modern health care facility suited to the current and future needs of the local community.
- The new configuration of health services for the priority clinical areas will enable MLHD to meet the projected demand as defined within the 2006 Clinical Services Plan (CSP). The CSP was refreshed in 2010 and again in 2017.

4.2 Scope

- WWHSR Stage 3 includes the planning, design and construction of a multi-storey Ambulatory Care Building linked to the new acute services building, the relocation of BreastScreen NSW to Wagga Wagga's central business district and additional car parking.
- Stage three of the redevelopment will include: Ambulatory clinics, Aboriginal health; aged care inpatient unit; older persons mental health inpatient unit; allied health; community mental health; drug and alcohol services; education/library; oral health; rehabilitation inpatient unit; Hospital In the Home; renal unit; and new extended hours service.
- The WWHS Stage 3 also includes car parking for an additional 107 vehicles; ground level and bridge connection to the existing Acute Services Building at Level 1 and Level 4; site landscaping; removal of demountable buildings; signage and the relocation of BreastScreen NSW into a leased site in Berry Street in Wagga Wagga's CBD for easier access for well women seeking free breast screening.

4.3 Project status

- A State Significant Development planning approval for Stage 3 was lodged with the NSW Department of Planning and Environment in July 2018.
- It was on public exhibition until 15 August 2018. The SSD planning approval was received on 19 December 2018.
- A main works construction contractor was awarded to CPB Contractors on 21 December 2018.
- Main works construction is due to start in February 2019.

4.4 Context/Stages 1 and 2

- Stages 1 and 2 of the Wagga Wagga Hospital Redevelopment, announced as \$282 million, includes \$215 million from the NSW Government, \$55.1 million from the Commonwealth's Health and Hospital funds and a further \$12 million under the Commonwealth's New Acute Beds Guarantee for 20 sub-acute beds. Stages 1 and 2 were completed in late 2017.
- The completed Redevelopment Stage 1 and 2 includes a new mental health unit, new acute services building, relocated and improved mortuary, drug and alcohol service, loading dock and asset maintenance areas, expansion of the existing renal department, demolition of the existing clinical hospital, car parking, updates to the main entrance and public amenities and a new pathology unit.
- Stage 1 included construction of new facilities for acute and non-acute mental health. This delivered 30 additional mental health beds (10 acute beds and 20 sub-acute beds) and has considerably improved regional capacity to respond to community needs. Stage One construction commenced in March 2012 and was completed in October 2013.
- Stage 2 delivered emergency and imaging departments, operating theatres, women's and children's inpatient units, new intensive care and high dependency units, angiography suites, additional inpatient

bed, geriatric evaluation rehabilitation departments and a rooftop helipad. The new acute services building was completed at the end of 2015 and operational in January 2016.

- Stage 2 also included demolition of the old clinical hospital and construction of a new car park and upgrades to the main entrance and public amenities. The old tower building was demolished by the end of 2017.

4.5 Early and enabling works

- Demolition work & site preparation in the WWHSR Stage 3 footprint began late 2017
- Decanting of services from Stage 3 site into temporary accommodation was completed in February 2018
- Bulk excavation of Stage 3 site was completed in September 2018.
- The site will be ready for handover to CPB Contractors for February 2019.

5. Communications Tools

Below is a list of tools that assist with driving communications activities:

- Brochures
- Flyers
- WWHS campus Map & Traffic Map
- Fact Sheets
- Posters
- Pull up Banners
- Newsletters including hard copy and electronic
- Letter Drops
- Shade Cloth
- A1 Boards
- Videos including fly throughs, service videos and completion videos
- Websites including MLHD and WWHSR
- Social Media including MLHD Twitter, Facebook, Instagram and YouTube
- Story Board
- Time Capsule

The below table identifies tools currently used on the WWHS Redevelopment Stage 3 and tools being considered to increase awareness about the Project.

Used currently:	For consideration:
Newsletter	Story Board
Project Overview and Updates	Pull-Up Banner
WWHS Redevelopment and MLHD websites	Videos
A1 Display Boards: artist impression, floor plans, Master Plan, colour scheme	Static historic photo exhibition and online historic photo exhibition
Frequently Asked Questions: staff and community	Time Capsule
Letter Drops	
Disruption Notices	
Media Releases and Media Opportunities	
Site Signage and Shade Cloth	
Social Media: MLHD Facebook, Twitter, LinkedIn and Instagram	
Staff Emails	
Community Information Drop-In Sessions	



WWHS Redevelopment Stage 3 Presentation	
WWHS Campus Map	

The above tools will be used to address any key environmental, construction and stakeholder management issues that may arise throughout the duration of the Project.

6. Consultation

Early, proactive and transparent engagement is the key to a successful project, minimising risk and building a coalition of third party champions for the project.

The approach to communication and consultation needs to be tailored to the specific phases of the planning process while maintaining consistency back to the overall program. It is important that consultation:

- Builds support and the case for change for the Project
- Articulates the benefits of the Project
- Supports the transitional and change management issues arising from the Project
- Supports the strategies required to mitigate Projects risks.

6.1 Objectives

The objectives of consultation are:

- Proactive and timely engagement of stakeholders for continuous project improvement and development
- Ensuring representation of stakeholders and infrastructure, where necessary, into project design and delivery
- Ensuring responsiveness to stakeholders
- Delivering and honouring commitments made
- Timely and comprehensive reporting and evaluation

6.2 Stakeholder classification

6.2.1 The table in Appendix A identifies key project stakeholders for WWHS Redevelopment Stage 3

Media Protocol

Objective	Project Director's Responsibilities	Process
To respond to media enquiries in a timely fashion, to provide accurate information and to manage negative media to contain and limit it.	To inform HI Communications team of any media or issues as soon as they arise and to provide key information to assist with developing a response to the media enquiry. Call Health Infrastructure's media telephone line on 02 9978 5407 (A/Hours 0411 897 570)	All media enquiries must be directed to the Project Communications Manager in the first instance. The Comms Manager then notifies HI Communications and any other relevant parties and, working with the Project Director, formulates a response. All relevant parties will be asked to sign off on the response, including the LHD, Ministry of Health and Minister's Office.

		There is a need for a rapid turnaround in this approvals process to ensure the enquiry is answered within the deadline.
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Note: Detailed flow charts on media approvals processes, incident management media approvals processes and event approvals processes are included in the accompanying Health Infrastructure Communications and Engagement Guidelines document.

6.2.2 Ministerial and formal correspondence protocols

The Ministry of Health governs and oversees the management of formal briefings, and provides a strict process for agencies to follow in delivering their response. The Ministry of Health will allocate correspondence to either HI or LHD to lead, with the other party to review. If either agency has not been included, Ministry of Health must be advised.

These documents require multiple endorsements and in some cases the sign off of the HI Chief Executive. Tight processes have been implemented to ensure HI meets the time sensitive deliverables.

To effectively deliver formal briefings and parliamentary responses the details of the approved protocol is detailed in the table below.

Ministerial Briefings (H, B, M, S Notes and In-Briefs); Questions on Notice; Questions without Notice; House Notes; Cabinet-in-Confidence; GIPAs - Government Information (Public Access).

HI Objective	Project Director's Responsibilities	Process
Prepare and deliver formal briefings and parliamentary responses in an accurate and timely fashion.	To work with HI Comms team to develop timely responses. To review and sign off on the responses only when they are formally sent to HI Comms team through the approvals process.	<p>A request for response is sent from the Ministry to HI Comms team in the first instance.</p> <p>HI Comms team works with Project Directors and Project Communications Resources to develop a response using a template.</p> <p>Once the response is approved by the HI Chief Executive it is returned to the Ministry.</p> <p>If input is required from other parties, including LHDs, the Ministry will oversee that process.</p> <p>Formal briefings and parliamentary responses all</p>

		<p>require timely attention and must be completed with a rapid turnaround.</p> <p>*Any correspondence (eg QONs etc) sent directly to LHD that contain project information must be directed to HI for input/review/sign-off.</p>
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Note: Detailed flow charts on Ministerial correspondence approvals processes, are included in the Health Infrastructure Project Director's Communications Guide

6.2.3 Project communications protocol

The Project will require a range of communication tools including Newsletters, Q&As, Fact Sheets, Notifications etc. The protocol for development of these is outlined below:

HI Objective	Project Director's Responsibilities	Process	Comments
<p>Providing accurate and useful information to the community about HI's infrastructure projects</p>	<p>To support the Project Communications Resource allocated to a project who plans and prepares communications activities.</p>	<p>Project Communications Resources produce a Communications Plan for projects which guide the communications activities.</p> <p>HI's Planning and Development Committee in the Planning Phase and the Project Control Group in the Delivery phase will have oversight of the Communications Plan, and the Communications Working Group will review it and track its progress.</p> <p>The Project Communications Resource assigned to the project will</p>	<p>Proactive communications activities flow from the C² Plan and are led by the Project Communications Resource (PCR). These activities include:</p> <ul style="list-style-type: none"> providing community information through a variety of tools identifying and organising proactive media and events



		work with HI Comms team and the LHD on the roll out of communication activities.	<p>(Minister/Local MP) opportunities oversight of the project website and stakeholder engagement.</p> <p>All of these activities will be prescribed in the C² Plan and approved through an established process.</p> <p>The planning and delivery stages of projects have different communications requirements and responses. For further information about this see the HI Communications Guide.</p>
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6.2.4 Incident Management

The incident management and escalation is as per the Health Infrastructure Incident Communication and Stakeholder Management Plan (Appendix C).

7. Governance

7.1 Procedures, Governance and Issues Management

Health Infrastructure has in place well-established protocols that govern stakeholder communications, issues and media management. These protocols will work alongside the Project Governance to ensure the provision of timely, appropriate and accurate communications throughout the Project lifecycle.

Following is a more specific outline of how the Project will meet the requirement to manage community feedback and enquiries and resolve issues and mediate disputes. Health Infrastructure's Project Team will work closely with Project Managers and contractors to manage these procedures and mechanisms. Contractor induction will ensure all site workers are briefed on the appropriate response and escalation points if approached directly by public, media or political representatives.

7.2 Feedback mechanisms

Communication channels will include the provision of feedback mechanisms including telephone numbers, email addresses, online feedback forms, surveys and community forums/reference groups.

7.3 Response Times

The project will target the following response times for community feedback and enquiries:

ACTIVITY	RESPONSE TIMEFRAME
Email enquiry acknowledgment	1 business day
Email / onsite enquiry response	5 business days
Site phone line	30 minutes
Website contact form	3 business days

7.4 Issues, disputes and complaints

Issues may encompass community feedback, incidents onsite, media interest and political interference. For the purpose of this documents, it relates to issues and disputes that may arise in relation to the construction and operation of the development, including disputes regarding rectification and compensation.

All community issues, complaints, disputes and feedback received will be recorded and triaged through the community feedback mechanisms for an appropriate response. This may be a standard response via email or phone, or a bespoke meeting or forum to address more complex matters.

Issues requiring escalation will be managed via the Project Governance and this includes legal issues, disputes, compensation, work health and safety incidents, media enquiries and political issues raised by local and state government members.

As per Health Infrastructure issues management protocols, issues will be managed with the appropriate input from Health Infrastructure Executive, Communications & Engagement (including media management and government relations), Legal and other stakeholders across government.

7.5 Monitoring and reporting

Health Infrastructure is committed to ensuring community opinions are heard, recorded and responded to. Established or bespoke Stakeholder Management Systems will be used by the Project Team to track and record stakeholder interactions and outcomes, for the purpose of managing issues and feeding this information into the planning, design and delivery phases. Monthly summaries will be provided for discussion in project working groups and for tabling in executive steering committees. CPB will support this process with provision of information about the project.

The Communications Lead will also regularly review the effectiveness of the communications approach, to ensure all channels, tools, activities and opportunities are identified and maximised.

Regular updates will be provided for discussion in project working groups, for tabling in executive steering committees and for contribution to portfolio-wide reporting.

Where possible, positive outcomes will be proactively promoted to the community via the appropriate channels and mechanisms to ensure community awareness of the government's commitment to the principles of community input and co-design.

CPB will not contact any media. All reporting from CPB will be via the Project Manager to Health Infrastructure.

8. Project and Communications Milestones

8.1 Project and Communications Milestones Table

Details in the below Project and Communication Milestones Table will be used to identify Ministerial/MP event opportunities and proactive communications through Media Releases, Social Media, Newsletters, Project Updates & WWHS Redevelopment site (<http://www.wwhsredev.health.nsw.gov.au/>)

- Tier 1 – Ministerial event
- Tier 2 – Local MP event

Indicative Dates	Activity / Milestone	Status	Tier
PLANNING			
June 2017	Planning submission	Complete	T1
June 2017	Funding announcement	Complete	T1
Dec 2017	Lead design team announced	Complete	T1
Dec 2017	Master Plan revealed	Complete	T1
Dec 2017	Concept Design Launch	Complete	T1
Jan 2018	Health Service Statement (HSS) endorsement	Complete	T1
DESIGN			
Dec 2017	Early Works contract awarded	Complete	
Feb 2018	Early Works start	Complete	
May 2018	Main Works Tender Shortlist	Complete	T1
June 2018	Demolition of all buildings in Stage 3 footprint	Complete	
July 2018	BreastScreen NSW in CBD – DA lodged	Complete	
July 2018	State Significant Development (SSD) Lodged	Complete	T1
July-Aug 2018	Relocation of Aged Care Services et al to Peter St	Complete	
July 2018	Stage 3 Site Clearance	Complete	



Indicative Dates	Activity / Milestone	Status	Tier
August 2018 (end)	Schematic Design Completion & Approval	Complete	T1
November 2018	BreastScreen NSW in CBD Fit Out Contract Award	Complete	
Q4 2018	BreastScreen NSW in CBD Fit Out Commences	Complete	
Ongoing	Detailed Design Completion & Approval	Incomplete	
DELIVERY			
Dec 2018 (mid)	Main Construction Works Contract Award	Complete	
Early 2019 (April)	BreastScreen NSW CBD opening	Incomplete	
Early 2019	Sod turning	Incomplete	
Early 2019	Main Construction Works Commence	Incomplete	
Early 2019	First concrete pour	Incomplete	
Mid 2019	Establishment of façade	Incomplete	
March 2019	Delivery of crane (Name the crane)	Incomplete	
July 2019	Progress Visit	Incomplete	
July 2019	Topping Out Ceremony	Incomplete	
August 2020	Main Works complete	Incomplete	
October 2020	Transfer of Services	Incomplete	
October 2020	Handover of Stage 3	Incomplete	
End 2020	Opening	Incomplete	

Other milestones to consider:

- **Build**
- **Operational** - Change management milestones, ICT milestones, New technologies in digital hospitals, Clinical/service announcements, New models of care/Activity-based care, Digital records management, New and improved workflows and patient flows, Arts program, Workforce and traineeships.



8.2 Lessons Learned

WWHS Stage 1 Mental Health Unit:

- Be proactive with local media
- Engage with the neighbours via regular updates
- Media likes fun building facts
- Regularly update staff

WWHS Stage 2 Acute Services Building:

- Engage the community in events such as The Open Day
- Be proactive with local media
- Keep staff informed with regular newsletters
- Ensure a Communications Board is regularly updated with pictures
- Make sure the website is kept up-to-date

9. Roles and Responsibilities

Project roles and responsibilities are outlined below:

Role	Responsibility
HI Project Director	<ul style="list-style-type: none"> • Owner of the Communications and Engagement Plan • Provide input to the Communications and Engagement Plan • Obtain HI approvals for Communications collateral
Project Communications Manager (Fiona Halloran)	<ul style="list-style-type: none"> • Lead the implementation of the Communications and Engagement Plan • Provide input to the Communications and Engagement Plan. • Owner and responsible for communication channels: newsletters, project brochures/flyers, project fact sheets and media releases relating to the project • Obtain the relevant approvals for communications collateral • Provide communications framework for the project/s • Support stakeholder engagement and media relations
HI Communications Adviser (Matthew Satherley)	<ul style="list-style-type: none"> • Provide input to the Communications and Engagement Plan. • Provide communications framework for all projects • Support stakeholder engagement and media relations
LHD Public Affairs Manager	<ul style="list-style-type: none"> • Provide input to the Communications and Engagement Plan • Participate in CWG meetings • Provide LHD approvals for communication items • Co-ordinate operational communications in consultation with the Project Communications Manager
LHD Change Manager	<ul style="list-style-type: none"> • Provide input to the Communications and Engagement Plan • Provide the link between Change Management and Communications • Participate in CWG meetings • Provide Hospital approvals for Communication items • Provides key interface between CWG and Hospital staff
Project Manager	<ul style="list-style-type: none"> • Work with the LHD and HI to develop the Communications and Engagement Plan and identify key stakeholders • Support implementation of the Communications and Engagement Plan providing active support to the LHD as necessary



	<ul style="list-style-type: none">• Participate in Project User Group (PUG) consultation meetings• Achieve PCG engagement of the Communications and Engagement Plan
Architect and Design Consultant Team	<ul style="list-style-type: none">• Provide and prepare presentation and communications materials in the area of their expertise• Assist in the presentation of materials in their area of expertise• Coordinate, attend and minute all Project User Group consultation meetings
Contractor	<ul style="list-style-type: none">• Provide and prepare presentation and communications materials in the area of their expertise• Presentation of materials in their area of expertise• Facilitate and attend all Project User Group consultation meetings

10. Communication Risks

Risks will be reviewed by the Project Working Group on a regular basis. Major risks will also be included on the overall Project Risk Register. Communications Risks are listed in the table below.

Theme	Detail of anticipated concerns	Key messages
Consultation (staff)	Concerns around the lack of consultation and engagement	The Project Team conducted extensive user group consultation to ensure key stakeholders from all divisions within the project scope were consulted. The project team will continue to keep staff informed of project progress as required.
Consultation (community)	Concerns around the lack of consultation and engagement	The Project Team is conducting extensive user group consultation (approx..12-14) to ensure key stakeholders, including medical, nursing, health care professionals are consulted. The Project Team has held a number of community info sessions in 2018 & will continue engage the community as
Legacy Issue	Concerns around Asbestos contamination	The project will not be undertaking refurbishment within a building containing asbestos. Buildings for demolition which contain asbestos will be demolished in accordance with NSW Government policies and SafeWork NSW Guidelines.
Heritage	Concern over the demolition of older structures, lions, plaques and rose bushes	A heritage assessment has been prepared as part of the planning for the project.
Environment	Concern over the removal of mature trees	The trees that had to be removed as part of the redevelopment are being incorporated into the new Hospital.
Local community concerns over development impacts	Aesthetics, traffic, lack of public transport, alternate views on use of site, heritage etc	The Project Team has consulted with the local community during the planning phase to ensure the redevelopment is in keeping with surrounding areas.
Noise and traffic impacts	Local residents and staff impacted by construction noise and traffic impacts	We apologise for any inconvenience caused while we undertake this important work. We appreciate your patience as we undertake works to deliver the best possible health care to the community.
Funding		The NSW Government is investing over \$431 million for the WWHSR.



Theme	Detail of anticipated concerns	Key messages
Timeframes for construction		Wagga Wagga Health Service Redevelopment Stage 3 construction is due to commence in Q1 2019. Construction will take approximately 2 years, with operational commissioning in 2021
Car Parking (Stage 3)		WWHSR Stage 3 will provide an additional 100 spaces which includes undercroft parking in new Stage 3 building. Stages 1, 2 & 3 will add an additional 540 car parking spaces
Car Parking (Multi Deck)		In late August 2018, NSW Health Minister Brad Hazzard announced that the Wagga Wagga Health Service Redevelopment Stage 3 will be followed by the construction of a new multi-storey carpark on the health campus. Planning for the new carpark is underway. <i>It is in its early stage so limited details</i>
Hydrotherapy Pool	Questions over why Hydrotherapy Pool not included in Stage 3	WWHSR Stage 3 does not include a hydrotherapy pool as only one hydrotherapy pool in the health precinct is required to meet demand. An agreement between Calvary Riverina Private Hospital and the Wagga Wagga Base Hospital for designated community groups and public patients to access a state-of-the-art, purpose built hydrotherapy pool is in place until December 2020.
WWBH name/signage	When signage updated	In February 2018, the hospital was renamed to Wagga Wagga Base Hospital. The signage on the fifth floor of the Acute Services Building will be removed as part of Stage 3. Other signage will be updated as opportunities arise.
New Ways of Working/Activity based work in clinical setting	Concerns regarding adoption of NWOW on Level 5 and ED	New Ways of Working (NWOW) is an approach to engaging staff in designing flexible, collaborative and creative activity-based workspaces. The way we work has changed significantly and the Stage 3 Redevelopment provides an opportunity to assess the way we



Theme	Detail of anticipated concerns	Key messages
		work in WWHS Adoption of NWOW will allow for a more integrated way of working.

11. Communications Working Group (CWG)

The Communication Working Group (CWG) reports to the PCG. It has responsibility for developing / monitoring key project activities including communications and consultation (further outlined below). This is the only avenue to formally highlight communication issues to the Executive Steering Committee (ESC).

The CWG team meets monthly and reports to the PCG. A standard agenda for the CWG includes:

Item	Description
1.0	Welcome to Country
2.0	Apologies & introductions:
3.0	Previous CWG meeting minutes' acceptance or amendment:
4.0	Actions from previous CWG Meeting
5.0	Proactive Communications Update: Communications Activity Table Media Plan
6.0	Reactive Communication Update:
7.0	Review & Update Contentious Issues Document:
8.0	Other Business:
9.0	Next Meeting:

The CWG membership includes:

Name	Position	Organisation
Fiona Halloran (Chair)	Communications Manager	MLHD
Helen Cooper	Wagga Wagga Base Hospital Director	MLHD
Catherine Taylor	Project Director	HI
Tim Shand	Project Director	HI
Kylie Manson	Project Director	Savills
Sherwin Rasquinha	Senior Project Manager	Savills
Matt Satherley	Communications & Engagement Advisor	HI
Kate Kennett	Redevelopment Project Manager	MLHD



Tyler Kratzer	Redevelopment Project Officer	MLHD
Sheree McIntyre	Redevelopment ICT Manager	MLHD
Sally Druitt	Public Affairs Manager	MLHD

Appendix A – Stakeholder List

Stakeholders have been categorised into two classifications; which identifies the relationship of the stakeholder to the Project, their ability to influence Project outcomes, and guides the nature and frequency of engagement with the stakeholder by the Project Team.

Stakeholder Classification	Definition
Active Relationship	Stakeholders directly involved in decision-making processes and they have the ability to influence decision making processes. Tier 1 stakeholders are managed by HI through the Project Director.
Inform only	Stakeholders who need to be kept informed of the project

Category	Description of stakeholders	Risk category (Red, yellow, green)	Principal communications approach	Current relationship to project (Likely areas of interest / concern)
Active relationship	NSW Minister for Health, Brad Hazzard		Briefings, reports, media events	Budget, funding, project scope and timeframes
Active relationship	Hospital Staff - User Group members		Participate in planning User Groups Inform regularly and at key milestones	Regular engagement Clinical/ Functional and facilities, car parking, general amenities, and transitional arrangements
Active relationship	WWB Hospital Staff		Provision of regular updates through internal communication	Interest in future working environment and services to be delivered
Active relationship	MLHD Executive		- Regular formal and informal collaboration with MLHD Executive to ensure consistent approach	- Relationship to: Integrate Ambulator Care Building and acute services building, provide enhanced sub-acute and acute services, expansion of oral health and renal dialysis services, support agreed health targets relocation of BreastScreen NSW service delivery and timeframes



Active relationship	Local Health District		<ul style="list-style-type: none"> - Participate in planning - Part of governance 	<ul style="list-style-type: none"> - Regular engagement - Areas of interest: <ul style="list-style-type: none"> - Models of Care, Asset strategy
Active relationship	NSW Ministry of Health		<ul style="list-style-type: none"> - Participate in planning - Part of governance 	<ul style="list-style-type: none"> - Regular briefings and consultation - Service Planning
Active relationship	Health Infrastructure		<ul style="list-style-type: none"> - Participate in planning - Part of governance 	<ul style="list-style-type: none"> - Leads Governance process - Strong relationship with key stakeholders - Responsible for capital infrastructure which responds to service need
Active relationship	NSW Treasury		<ul style="list-style-type: none"> - Independent Assurance Reviews - Need to inform at key intervals via ESC 	<ul style="list-style-type: none"> - Business case review - Progress updates
Active relationship	Members of Parliament		<ul style="list-style-type: none"> - Inform of any key milestones - Promote service benefits - Investigate other opportunities 	<ul style="list-style-type: none"> - Regular progress briefings and involvement in key milestone announcements - Contact via the Minister's Office
Active relationship	Wagga Wagga City Council		<ul style="list-style-type: none"> - Inform at key milestones 	<ul style="list-style-type: none"> - Invite to key milestone announcements Areas of interest: <ul style="list-style-type: none"> - Use of site, impact on council owned services - Infrastructure, planning approvals, height of building and impact on neighbours
Active relationship	NSW Ambulance		<ul style="list-style-type: none"> - Consult during planning where Ambulance is impacted (eg Emergency Department) 	<ul style="list-style-type: none"> - Involved in PUGs if relevant - Ad-hoc consultation as required - Informed during key milestones
Active relationship	Other government agencies: Fire NSW Police NSW		<ul style="list-style-type: none"> - Inform during planning activities - Inform at key milestones 	<ul style="list-style-type: none"> - Involved in PUGs if relevant - Informed during key milestone announcements



Active relationship	Department of Planning and Environment		- Through standard planning approval processes	- Planning approval authority
Active relationship	Unions		- Consult during planning activities - Inform at key milestones - ASMOF re: NWOW	-
Active relationship	Aunty Jeans		- Consult during planning activities - Inform at key milestones	Areas of interest: -
Active relationship	Wagga Wagga Base Hospital Auxiliary		Consult during planning activities Inform at key milestones	Being informed of project progress via media announcements and stories
Active relationship	Local Health Advisory Committees (LHAC)		Consult during planning activities Inform at key milestones	Being informed of project progress via media announcements and stories
Inform only relationship	Media including Daily Advertiser, Prime7 Wagga, WIN News Riverina, Nine News Riverina, ABC, community & commercial radio stations		Media Releases and Events, MLHD and Redevelopment websites, e-news	Budget, funding, project scope and timeframes and service provision
Inform only relationship	UNSW Rural Medical School		Inform at key milestones	Education and research



Inform only relationship	Neighbours of construction site including residential and UNSW RCS campus in Harvey House		Inform at key milestones Communicate potential disruptions	Milestone media announcements Direct written correspondence to notify any disruptions
Inform only relationship	General Public		Inform at key milestones	Being informed of project progress via media announcements and stories
Inform only relationship	Wagga Wagga Clinical Council		Communication Strategies and timeframes will be developed upon endorsement of the Business Case by Treasury	Relationship to: relocation & expansion of services and new build office accommodation; timeframes



Appendix B – Media Calendar

The way the Project is perceived will make a big difference to its overall success. A Media Plan/Calendar will help with positive coverage by identifying media opportunities:

Story idea	Event/Activity/Picture	Spokesperson	Media Targets	Timeframe
Ongoing				
Personal stories around Stage 3	Media Release/Project Newsletters/Media and/or photo ops	Various as depends on story	Riverina media: Daily Advertiser WIN News Prime7 Nine News Riverina ABC Riverina News & pgms 2WG Radio/93.1 Star FM 2AAA FM MLHD Social Media, MLHD website & WWHSR website.	Ongoing
Three Months				
BreastScreen NSW off site in CBD – DA lodged	Media Release/Media op at Berry St site/Shopfront image	BreastScreen NSW Director Debbie Lattimore & Radiographer Bronwyn Morley & client	Riverina media: Daily Advertiser Wagga Weekly WIN News Riverina Prime7 Wagga Nine News Riverina ABC Riverina News & pgms 2WG Radio/93.1 & TripleM Riverina 2AAA FM MLHD Social Media MLHD website WWHSR website	Completed
SSD Lodgement	Media Release	Minister	As above	Completed
Relocation of services to Peter Street	Media Release	Kylie Stein	As above	Completed
New architect appointed Main construction works	Media Release	Minister	As above	Completed 4/9/2018
Info sessions in Wagga CBD & W-WBH & Schematic Design approved & launched	Need A1 Boards/Media Release/Info flyer/FAQs	Helen Cooper	As above	Completed 18/10/2018
Info Session Civic Centre Wagga Wagga	FAQs, Postcard flyer, Newspaper advertisement & Public Notices	Helen Cooper	Riverina Media MLHD Social Media MLHD & WWHSR websites	Completed 21/11/2018



Story idea	Event/Activity/Pi cture	Spokesperson	Media Targets	Timeframe
			WWCC channels	
BreastScreen NSW fit-out awarded	Media Release/Image (Fresh)	Debbie Lattimore	As Above	Completed 21/11/2018
BreastScreen NSW fit out start	Media opportunity/Media Alert	TBC	As above	Q4 2018
Six Months				
Main Construction Works Contract Awarded	Media Release/Media opportunity	Minister	MLHD Media Riverina media: Daily Advertiser Wagga Weekly WIN News Riverina Prime7 Wagga Nine News Riverina ABC Riverina News & pgms 2WG Radio/93.1 & TripleM Riverina 2AAA FM Specialist health media MLHD Social Media MLHD website WWHSR website	Dec 2018
Detailed Design + Launch				TBC
Main Works Construction Commence				TBC
One Year +				



Appendix C – HI Incident Communications and Stakeholder Management Plan

1. Overview

Health Infrastructure is the NSW Government's dedicated health capital works arm, with the overarching responsibility for the planning, design and delivery of hospitals and associated facilities in metropolitan, regional and rural New South Wales.

The organisation is, as at early 2016, planning or delivering more than 80 hospitals, ambulance stations, multipurpose services and other health related infrastructure across the state. Of the

\$5 billion investment allocated to the health portfolio in the current term of government, Health Infrastructure is delivering projects with a capital value of around \$1.4 billion in 2015-16, which is around 11 per cent of the State's total capital works program.

Health Infrastructure's projects include major civil works at hospitals, including brownfield projects where entire hospital campuses are reconfigured and redeveloped, extensive refurbishments to existing civil structures, and greenfield developments involving the construction of entirely new major structures.

While the organisation coordinates and manages the health capital works program, on the ground, all Health Infrastructure projects are delivered by the market, via competitively tendered contracts, with the aim of engaging suitably qualified and capable construction firms to undertake the physical work. Projects are delivered through contractors and sub-contractors who engage their own staff.

As the coordinating body for the health capital works program, with direct reporting lines to the NSW Government and day-to-day responsibility for high level stakeholder management and public communications, Health Infrastructure reinforces with its contractors the importance of safety on projects – safety for construction workers, safety for employees on 'live' hospital sites, and safety for local communities and the environment near our projects.

As such, Health Infrastructure has developed this Incident Communications & Stakeholder Management Plan, to be deployed in the event of safety or other incidents at our sites. The plan establishes an Incident Management Framework (Section 2), to be put into action in the event of incidents on our projects. It also includes a high-level overview of incident management response management (Section 3), stakeholder relationship managers (Section 4), an incident checklist (Section 5), a list of communications tools (Section 6), a key message guide (Section 7) and a template media holding statement (Section 8). Incident media response protocols are enclosed.

While a major driver for the development of this plan is project safety, key aspects of the plan can also be adapted and deployed in the event of major non-safety related incidents, for example, incidents with the potential for severe corporate reputational impacts.

The protocols and tools contained in this plan will be deployed, in the case of Critical and Major Incidents, when the Chief Executive declares an incident to have taken place. This plan is a 'living document' and will be reviewed and updated at frequent intervals over time to ensure it remains current and up-to-date.

2. Links to other policies and plans

NSW Health Incident Management Policy

This Health Infrastructure Incident Communications and Stakeholder Management Plan has been developed for the purposes of providing an incident-specific, proactive framework for the management of incidents and issues with the potential to arise in the construction of major capital works. Health Infrastructure, as the dedicated planning and delivery arm of NSW Health, is also subject to the policies and procedures developed and implemented from time to time by the Ministry of Health.

As such, this plan underpins Ministry of Health policy directive PD2014_004 – Incident Management Policy – as published by the Ministry in February 2014. This policy directive sets out the Ministry’s incident management protocols, reporting requirements and evaluation and review processes in dealing with clinical, operational and corporate issues and incidents.

As the Ministry’s Incident Management Policy is focused primarily on, and tailored to meet the needs of Local Health Districts or respond to high-level corporate issues at the Ministry level, Health Infrastructure has developed this plan to ensure an incident response process is in place specific to the needs of potential incidents likely to impact the construction/infrastructure sector and projects. These may include incidents during the planning phase of hospital redevelopments (e.g. discovery of hazardous materials on work sites) and incidents during the delivery phase (e.g. incidents or accidents that may pose a risk to life or property).

To the extent that there are inconsistencies between the Ministry’s Incident Management Policy and HI’s Incident Communications & Stakeholder Management Plan, the provisions contained within the Ministry’s policy will prevail.

Trigger Action Response Plans

The Ministry of Health has requested that, for certain critical issues which require a longer term risk / incident management approach, agencies in the Health portfolio should consider the development of Targeted Action Response Plans (TARPs). TARPs should take the form of a useful escalation tool that can be quickly referenced by staff and contractors in the field including specific information on who to contact in the event of issues and incidents.

The Ministry has advised that the precise form of TARPs may be tailored to suit the business model of the agency. Health Infrastructure considers that the Incident Management Framework on page five of this document meets the requirements of the TARP escalation, notification and incident response / management process, on a whole-of-organisation basis. Given this, specific TARPs developed for the management of individual likely risks and issues may also be developed, and would underpin the overall plan.

3. Incident Management Framework

Category 1 – Critical Incident Trigger: Incident involving fatality or severe injury or incident resulting in potential severe corporate reputational damage, or major impact to critical hospital operations.	Category 2 – Significant Incident Trigger: Incident involving major detrimental impact to project, including damage to civil structures, extreme weather impacts, and threats to life or property or major environmental impact, or significant impact to critical hospital operations.	Category 3 – Minor Incident Trigger: Incident involving impact on project delivery which may involve regulatory investigation eg. injury resulting in LTI, minor environmental impact, or significant near miss.	Category 4 – Local Incident Trigger: Minor incident on worksite, eg. medical treatment not likely to lead to an LTI.
Step 1 – Immediate Contractor informs: Project Manager Regulators HI Senior Project Directors	Step 1 – Immediate Contractor informs: Project Manager Regulators HI Senior Project Directors	Step 1 – Within 1 hour Contractor informs: Project Manager Regulators HI Senior Project Director	Step 1 – Within 4 hours Contractor informs: Project Manager HI Project Directors
Step 2 – Immediate Senior Project Director informs: HI Chief Executive Executive Director Delivery	Step 2 – Immediate Senior Project Director informs: HI Chief Executive Executive Director Delivery	Step 2 – Within 1 hour Senior Project Director / Project Director and Inform Minister, Ministry, Local Health District/s engage with Director Communications and Engagement	Step 2 – Within 8 hours Project Director: Engage with HI Communications as required
Step 3 – Immediate Chief Executive and Executive Director: Inform Minister, Ministry, Local Health District/s Informs the HI Board Chair Engage with Director Communications and Engagement	Step 3 – Immediate Chief Executive and Executive Director: Inform Minister, Ministry, Local Health District/s Informs the HI Board Chair Engage with Director Communications and Engagement	Step 3 – Within 4 hours HI Communications: Deploy communications strategy as required	Notes: Incident Management Team not required – managed through routine project governance and reporting
Step 4 – Immediate HI Chief Executive / Executive Director Delivery officially declare incident	Step 4 – Immediate HI Chief Executive / Executive Director Delivery officially declare incident	Step 4 – If required Incident Management Team not required Managed through routine project governance and reporting Employee status monitored and incident escalated if condition becomes serious	
Step 5 – Within 1 hour Upon CE / ED officially declaring incident, a HI Incident Management Team is formed – see Section 2 below	Step 5 – Within 1 hour Upon CE / ED officially declaring incident, a HI Incident Management Team is formed – see Section 2 below		
Step 6 – Ongoing Incident Management Team assumes control of incident response Media and stakeholder communication managed in line with Section 3 – Stakeholder Relationship Managers and Appendix 1 – Incident Media Protocols	Step 6 – Ongoing Incident Management Team assumes control of incident response Media and stakeholder communication managed in line with Section 3 – Stakeholder Relationship Managers and Appendix 1 – Incident Media Protocols		

4. Incident Management Team

In accordance with the Incident Management Framework (above), the Chief Executive of Health Infrastructure may declare an incident meeting the criteria for category 1 or 2 incidents, as either 'Critical Incidents' or 'Major Incidents' respectively.

In the event such a declaration is made, Health Infrastructure will then manage the incident via a dedicated 'offline' Incident Management Team, until such time the Chief Executive declares the incident closed.

The Incident Management Team will have a dedicated workspace made available in Health Infrastructure's office at North Sydney. The team will comprise of five senior staff, acting in the following capacities:

Role	Responsibility	HI Equivalent
Incident Controller	Ultimate responsibility for control of incident response	Chief Executive / Executive Director Delivery
Incident Technical Manager	To provide engineering and technical advice	Executive Director Delivery / Senior Project Director
Incident Planning Manager	To co-ordinate response planning	Senior Project Director
Incident Logistics Manager	To provide logistical support to the response and to ensure the response is being managed in line with HI's policies and procedures	Project Director
Incident Communications Manager	To act as a dedicated resource on all communications issues during the life of the incident	Director Communications and Engagement

The Health Infrastructure Chief Executive will have ultimate responsibility for the management of the incident response. The Chief Executive and Executive Director Delivery will also have responsibility for ensuring:

- Staff engaged on the Incident Management Team during the course of an incident, will disengage from their day-to-day duties, to ensure a focused response to the incident
- Project Directors will be allocated from within Health Infrastructure to ensure projects whose staff are temporarily deployed in the Incident Management Team are appropriately resourced on an interim basis
- If an incident is expected to continue for several days and may require overnight resources, members of the Incident Management Team will be provided with adequate breaks and rest periods, with 'alternate' team members replacing them at regular intervals.



5. Stakeholder Relationship Managers

While the Chief Executive of Health Infrastructure is ultimately responsible for stakeholder management and liaison during the course of managing an incident, on-going communication with key stakeholders will be assigned to dedicated officers at Health Infrastructure. See below a stakeholder relationship framework, to be used as a guide in assigning relationship management for individual stakeholders during the course of an incident. This guide is most relevant to Critical Incidents and Major Incidents.

Stakeholder	Primary contact	Secondary contact
NSW Premier	Chief Executive	NA
NSW Minister for Health	Chief Executive	NA
Minister's Chief of Staff	Chief Executive	Director Communications and Engagement
Minister's Office (staff)	Director Communications and Engagement	Chief Executive
HI Board Chair	Chief Executive	Executive Director Delivery
NSW Health Secretary	Chief Executive	Executive Director Delivery
Ministry of Health (Dep Secs)	Chief Executive	Executive Director Delivery
Ministry of Health (staff)	Executive Director Delivery / Senior Project Director	Director Communications and Engagement
Ministry of Health Communications and Media teams	Director Communications and Engagement	NA
Local Health District Boards	Chief Executive	Executive Director Delivery
Local Health District Staff	Senior Project Director	Project Director
Local Health District Communications and Media	Director Communications and Engagement	Senior Project Director
Hospital GM / Management	Chief Executive	Senior Project Director
Hospital staff	Senior Project	Project Director



	Director	
Local Councils	Senior Project Director	Director Communications and Engagement
Local Member of Parliament	Senior Project Director	Director Communications and Engagement
Project Manager	Senior Project Director	Project Director
Lead Contractor	Senior Project Director	Project Director
Health Infrastructure Staff	CE / EDD / DC&E	NA
Regulators	EDD	Senior Project Director
Emergency Services	Senior Project Director	Project Director
Local community	Director Communications and Engagement	Local project / LHD communications resource
General public	Director Communications and Engagement	Local project / LHD communications resource
General media (interviews and inquiries)	Chief Executive	Director Communications and Engagement

6. Incident Checklist

The checklist below has been developed as a guide for the Health Infrastructure Incident Controller, Health Infrastructure Incident Management Team and Health Infrastructure Project Directors to ensure appropriate steps are taken and relevant stakeholders are informed at the appropriate time in the event of a critical incident. The checklist is a useful guide to ensure a number of significant steps are followed during the incident response, but it in no way limits the response actions available to the Incident Controller and Incident Management Team.

Task	Responsibility	Completed
Incident Controller appointed	Chief Executive	<input type="checkbox"/>
Engage immediately with lead contractor and establish points of contact	Chief Executive, Executive Director Delivery, Senior Project Director	<input type="checkbox"/>
Advise contractors / project managers of media protocols – all media inquiries directed to HI	Senior Project Director	<input type="checkbox"/>
Declaration of critical incident once facts are known (under categories 1 and 2)	Chief Executive	<input type="checkbox"/>
Incident Management Team selected	Chief Executive, Executive Director Delivery	<input type="checkbox"/>
Text message to relevant project staff to advise an incident is declared	Senior Project Director / Project Director	<input type="checkbox"/>
Establish incident co-ordination centre	Executive Director Delivery	<input type="checkbox"/>
Appoint incident contact at project site	Senior Project Director / Project Director	<input type="checkbox"/>
Establish contact point with key authorities / emergency services	Senior Project Director / Project Director	<input type="checkbox"/>
Inform Minister's Office / Ministry within an hour of declaration of Category 1 or 2 incident	Chief Executive / Director Communications and Engagement	<input type="checkbox"/>
Appoint media spokesperson and	Chief Executive / Director	<input type="checkbox"/>



develop immediate key messages and media statement	Communications and Engagement	
Inform HI staff of incident by 8am on the next working day	Chief Executive / Director Communications and Engagement	<input type="checkbox"/>
Continue to engage with contractor and any external specialists required to manage response	Executive Director, Delivery / Senior Project Director / Project Director	<input type="checkbox"/>
Monitor stakeholder and media response during deployment of incident management measures	Communications Lead	<input type="checkbox"/>

7. Communications Tools

During a critical incident, the Health Infrastructure Communications Lead on the incident management team, working in conjunction with the Chief Executive and team members, will be solely responsible for communications activities relating to the incident and will be 'offline' from any other HI communications tasks.

See below a list of proactive communications tools that should be deployed when an incident is declared. These tools are available for use across any Health Infrastructure incidents, although they are particularly relevant to category 1 and 2 incidents:

- Key messages – developed immediately and continuously updated
- Media Holding Statement (early stage when detail is limited)
- Media Release (once more information is known)
- Direct contact with Minister / NSW Health Secretary
- Regular formal briefing notes to the Minister and Ministry
- Regular updates to Minister's staff
- Automated text message to internal staff
- All Health Infrastructure staff email/s throughout incident response
- Liaison with local media re: site safety, security
- Hourly Situation Reports (generated by incident management team)
- Media conference on site by Chief Executive
- Direct communication with families of injured / deceased workers
- Door-knocking local community if threat to life / property
- Monitoring media and stakeholder public response
- Proactive / reactive interviews with media
- Use of social media channels (eg. Twitter) to disseminate information
- Project website to provide updates

8. Draft Key Message Guide

At the onset of an incident being declared, the Incident Management Team will develop an immediate set of key messages about the nature of the incident, based on information that has been received and is verifiable. In the early stages of a major incident, it is very common that information received is later found to be incorrect or missing key elements.

It is therefore crucial that the early key messages only include verified information – it is often better to provide more details to the media and public as an incident unfolds, rather than providing detail later found to be inaccurate early in the incident. See below a list of initial details to be included, if possible, in the initial key messages.

Key message guide:

- Time of incident
- Location / name of hospital
- Basic description of what occurred
- HI initial steps to manage incident
- Initial lines of communication established between Health Infrastructure, contractors and authorities
- What HI will do over the initial hours
- Assurance HI will keep community, staff, families of those impacted informed as more detail is known

9. Draft Holding Statement

See below a template media holding statement for the initial response to a critical incident (categories 1 and 2). This is a guide only and will be tailored for the individual circumstances of incidents.



Date TITLE

At [time] Health Infrastructure became aware of a serious incident at [project / location]. The initial reports received by Health Infrastructure indicate [details of incident].

Health Infrastructure has declared this to be a critical incident, and a comprehensive incident management plan has been put in place.

Safety is Health Infrastructure's highest priority and we are working with the principal contractor for the project [contractor name] to address immediate issues including [eg. contacting relatives of injured worker, securing the site, setting up exclusion zone etc].

Health Infrastructure and [contractor] have been in immediate contact with the [relevant authorities eg. NSW Emergency Services authorities, NSW Police, NSW Fire Brigade etc] to ensure the area is safe. Health Infrastructure has also notified the appropriate safety [or other eg EPA] regulators.

HI's immediate concern is the wellbeing of the [impacted worker/s, staff, local community etc].

[Any other steps Health Infrastructure has taken immediately].

Detailed investigations will take place into this incident in due course. In the immediate future, however, Health Infrastructure's priority is to work with the contractor and authorities to ensure the site is safe and secure. No work will take place on the project until it can be certain that it is safe to do so.

Health Infrastructure will continue to keep the [public / local community] informed as the incident management plan is put in place and further details become known.

[Contact / communication channels]



PROJECT **INCIDENT** MEDIA RESPONSE PROTOCOLS

All media enquiries in regard to project incidents should be referred to HI Communications in the first instance. HI Communications will then discuss the enquiry with the Senior Project Director / Project Director, to determine a response strategy, while keeping key stakeholders informed. Relevant parties may approve responses, including the Ministry of Health, LHD, and the Minister's Office.

Project Directors, LHDs, hospitals, contractors and project managers are required to refer all project incident-related media enquiries to HI Communications as soon as possible after the incident occurs. The overarching management of project incidents will be in accordance with the *HI Incident Management Communications & Stakeholder Management Plan* and *Incident Management Framework*.

ROLE OF HI COMMUNICATIONS

HI Communications takes the lead on all project incident media enquiries related to HI hospital redevelopments, Multipurpose Services, Primary and Integrated Care and ambulance station upgrade projects. This includes print, radio, television and online media. HI Communications will liaise with the Project Director/s and Local Health Districts and hospitals as required, in the development of media responses. HI Communications will liaise with the Minister's Office / Ministry of Health, to ensure a co-ordinated response.

ROLE OF CONTRACTORS / PROJECT MANAGERS

Contractors, project managers and their staff at work **sites must not comment to the media on any issues, under any circumstances**. All media requests or enquiries, including journalists approaching staff on work sites or filming nearby, should be referred to the HI Project Director/s, who will in turn alert HI Communications.

ROLE OF PROJECT DIRECTOR/S

For non-critical incidents (categories 3 and 4 in the *Incident Communications & Stakeholder Management Plan*), HI Project Directors have over-arching responsibility for incident media response material issued by HI Communications in consultation with LHDs / hospitals.

For matters declared by the Chief Executive or Executive Director Delivery as critical or significant incidents (categories 1 and 2 in the *Incident Communications & Stakeholder Management Plan*), the HI Executive will take the lead in managing incident media responses.



ROLE OF HI EXECUTIVE – CRITICAL OR SIGNIFICANT INCIDENTS

Certain major incidents, involving potential threat to life or major damage to property, may be declared **critical or significant incidents** by the HI Chief Executive and Executive Directors, hereafter referred to as 'the Executive'. In this case, the Executive assumes overall control and approvals of incident response and media strategy. Critical or significant incident responses will be developed by the Incident Management Team formed as per Section 3 of the *Incident Communications & Stakeholder Management Plan*.

ROLE OF LHDS / HOSPITALS / PROACTIVE PROJECT COMMUNICATIONS LEADS

In the event of an incident relating to a HI capital works project, HI assumes overall responsibility for responding to media enquiries. HI will consult with LHDs and hospitals in formulating a response.

The LHD media teams and hospital General Managers remain responsible for media enquiries on operational matters and are authorised to provide comment on the on-going operational status of a hospital in the event of an incident (eg. hospital remaining open, certain wards closed, patient and staff relocations and impacts etc).

The LHDs and individual health facilities will also act in compliance with relevant policy directives and their local incident management processes. Project Communications Resources should familiarise themselves with such local processes so they can provide appropriate advice and coordination across Health Infrastructure, the LHDs and hospitals.

HI project communications leads, working with LHDs or at hospitals, are generally responsible for proactive, non-incident communications, and should refer all enquiries to HI. After hours media enquiries can be referred to the HI Communications after hours contact phone number.

[After hours contact - Kara Giltinan, Director Communications and Engagement: 0411 897 570]

Diagram 1 – HI Non-Critical Incident Media Approvals Process

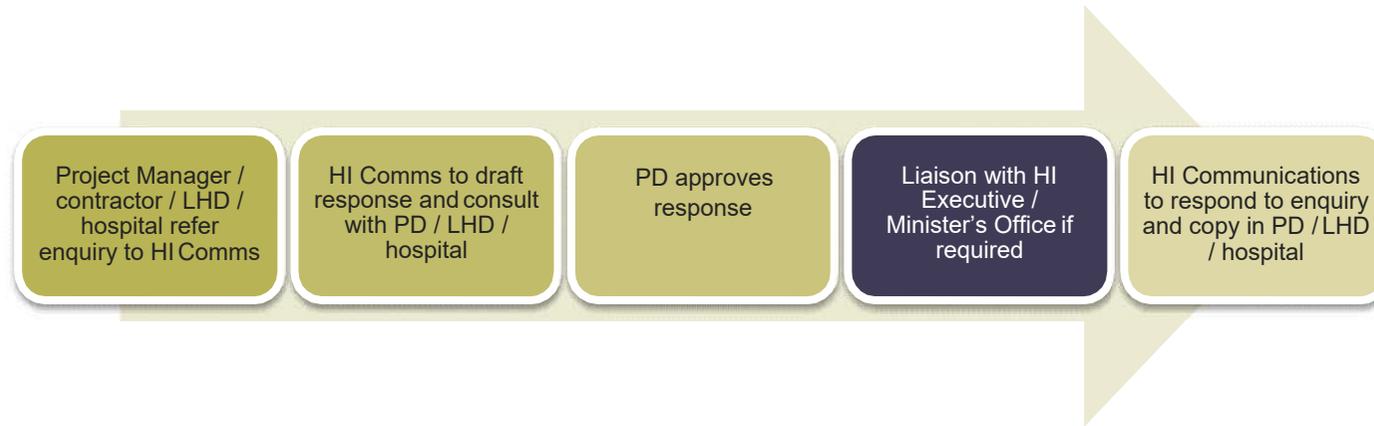
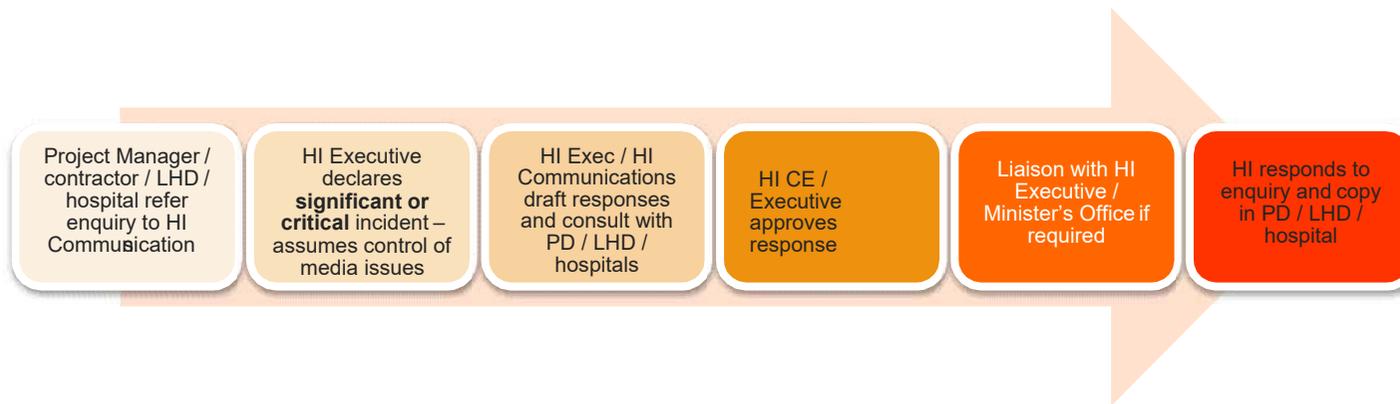


Diagram 2 – HI **Critical or Significant** Incident Media Approvals Process



ENDS

