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URBIS

FINAL SOCIAL IMPACT ASSESSMENT

Sydney Children's Hospital
Stage 1 and Children's
Comprehensive Cancer Centre

Prepared for
HEALTH INFRASTRUCTURE NSW
22 April 2021

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EXECUTIVE SUMMARY

This Social Impact Assessment (SIA) has been prepared for Health Infrastructure NSW to inform a State significant Development Application for the proposed development of Sydney Children's Hospital Stage 1 and Children's Comprehensive Cancer Centre at Randwick Hospitals Campus.

Assessing social impacts

The assessment of social impacts can be approached in several ways. The IAIA highlights a risk assessment methodology, whereby the significance of potential impacts is assessed by comparing the consequence of an impact against the likelihood of the impact occurring. This approach is also used in the draft DPIE SIA Guidelines for State Significant Projects (2020).

The DPIE risk assessment methodology is outlined below and has been used in this SIA.

			Magnitude level				
			1	2	3	4	5
			Minimal	Minor	Moderate	Major	Transformative
Likelihood level	A	Almost certain	Medium	Medium	High	Very high	Very high
	B	Likely	Low	Medium	High	High	Very high
	C	Possible	Low	Medium	Medium	High	High
	D	Unlikely	Low	Low	Medium	Medium	High
	E	Very unlikely	Low	Low	Low	Medium	Medium

Magnitude level

According to the IAIA and draft DPIE SIA Guidelines, the magnitude level of impact considers:

- who is expected to be impacted, including the volume of people affected and their relative location to the proposal
- when the potential impact will occur and the frequency of potential impacts
- the scale or degree of change from the existing condition as a result of the impact
- the extent to which people or an environment can adapt to or mitigate the impact
- the level of concern or interest among the people affected.

Management measures

Social impacts are assessed before and after the implementation of management measures. Management measures are designed to reduce negative impacts and enhance positive impacts. These measures can take different forms and may be incorporated in the planning, construction, or operational stage of the proposal.

Potential social impacts

This SIA has been undertaken to assess the potential social impacts arising from the proposed development of the Sydney Childrens Hospital Stage 1 and Comprehensive Children's Cancer Centre.

Based on the assessment in this report, the key social impacts of the proposal are:

- **Improved medical services for children:** The new SCH will deliver a larger hospital with an expanded emergency department, new short stay unit and expanded spaces for clinical services. The new and improved services will also better connect with surrounding health and education buildings, enabling

efficiencies and streamlining of services. The delivery of the new SCH building will likely have a very high positive impact on the community, and in particular on children requiring medical care.

- **Enhanced research opportunities to improve models of care:** The delivery of Australia's first CCCC will be a place for world class medical research and innovation into the treatment and prevention of childhood cancer. The centre will be a significant addition to health infrastructure in Australia, as well as a key anchor in the establishment of the Randwick Health & Innovation Precinct. The delivery of the CCCC will likely have a very high positive impact on the community.
- **Increased job opportunities:** The development of SCH Stage 1/CCCC will result in increased job opportunities in the health sector, both in clinical and research roles. It is also likely that other key worker roles, such as cleaners and admin would be required to support the increase in floorspace and hospital staff. Increased jobs in health and education aligns with strategic goals to provide more jobs in the Randwick Health & Innovation Precinct. Increased job opportunities will likely have a high positive impact on the community.
- **Increase in open space and public domain areas:** The inclusion of multiple open and public domain spaces will provide patients and families, staff and the broader community with areas for passive recreation and respite, as well as more structured activities such as children's nature play. Increase in open space and landscaping will likely have a high positive impact on the community.
- **Cumulative construction impacts:** It is likely that the local community immediately surrounding the site will experience cumulative construction related impacts from the development of buildings within RCR and other development projects. It is likely that cumulative construction impacts will have a short to medium term negative impact on the local community. This can be managed through implementation of site management principles, construction traffic procedures and ongoing implementation of the comprehensive communications strategy for the RHC.
- **Demand for car parking:** Car parking demand at RHC is already at capacity. Without any additional staff car parking and initially similar staff travel behaviour, there is likely to be a short-term negative impact on staff and visitors. Demand for parking may heighten feelings of frustration and disrupt or delay people's daily activities. However, the implementation of the Transport Strategy, which intends to shift staff travel behaviour to choose more sustainable methods of transport and potential improved efficiencies of the existing parking, is likely to have a neutral long-term social impact.

Recommendations are provided below to further manage and improve the potential impacts arising from the proposal.

Based on this assessment and the recommendations provided, the delivery of Sydney Children's Hospital Stage 1 and Comprehensive Children's Cancer Centre will likely have a very high impact on the community. It will provide a significant addition to the RHC and health infrastructure in Australia, as well as provide a place for important innovation and research into childhood cancer.

Recommendations

The following recommendations are provided to further manage and enhance impacts arising from the proposal:

- Continue to communicate with the community, especially harder to reach lower socio-economic communities, during operation on the services provided at the SCH.
- Consider open days at the CCCC laboratories for patients, families, and the broader community to attend information and/or activity sessions to learn and interact with research.
- Implement the SCHN existing Indigenous Employment and Workforce Development Strategy which aims to increase the representation of Aboriginal employees to 2.6% across NSW Health.
- Prepare a workforce plan which outlines proposed staffing changes across SCH, and new roles.
- Develop relationships with local high schools to enhance knowledge of career opportunities in the health sector.
- Work with the local Aboriginal community in the final stages of design for the Indigenous gathering space.

- Continue to engage children, families and staff in the detailed design of open spaces associated with the proposal.
- Implement a landscape maintenance schedule in the Hospital's Operational Plan or Plan of Management.
- Use Council's community hub locations to distribute construction and project updates and reach communities across the LGA.
- As recommended in the Traffic and Transport Assessment, amend the existing RHC green travel plan which was prepared to support the development of the IASB only.
- Ongoing monitoring of car park activity.

1. INTRODUCTION

Urbis Pty Ltd (Urbis) was engaged by Health Infrastructure (HI) to prepare a SIA to inform a State Significant Development Application (SSDA) for the proposed development of Sydney Children's Hospital Stage 1 and Children's Comprehensive Cancer Centre (SCH Stage 1/CCCC) at Randwick Hospitals Campus (RHC).

1.1. LEGISLATIVE REQUIREMENT

This SIA has been undertaken in accordance with the technical requirements of the Secretary's Environmental Assessment Requirements (SEARs) for SSD-10831778 which outlines the requirement for the preparation of a SIA in accordance with the Department of Planning, Industry and Environment's (DPIE) Social Impact Assessment Guidelines 2020.

Randwick City Council has Social Impact Assessment Guidelines for Assessing Development Applications (2006) which require a SIA for proposals relating to health and employment uses. This SIA has also been informed by the Council's Guidelines.

1.2. DEFINING SOCIAL IMPACTS

A SIA is a specialist study undertaken to identify and analyse the potential positive and negative social impacts associated with a development proposal. It involves a detailed and independent study to outline social impacts, identify mitigation measures, and provide recommendations in accordance with professional standards and statutory obligations.

Social impacts are those that impact on people's way of life, their culture, community, environment, health and wellbeing, personal and property rights, and their fears and aspirations.

In line with the DPIE guidelines, social impacts can involve changes to people's:

- Way of life
- Community
- Access to facilities and services
- Culture
- Health and wellbeing
- Surroundings
- Livelihoods
- Decision-making systems.

1.3. METHODOLOGY

Background review	Impact scoping	Assessment and reporting
<ul style="list-style-type: none">▪ Review of surrounding land uses and conduct a site visit▪ Review of relevant state and local policies to understand potential implications of the proposal▪ Analysis of relevant data to understand the existing community.	<ul style="list-style-type: none">▪ Review of site plans and technical assessments▪ Consultation with Randwick Council to identify potential impacts▪ Stakeholder mapping.	<ul style="list-style-type: none">▪ Assessment of significant impacts considering management measures▪ Provision of recommendations to enhance positive impacts, reduce negative impacts and monitor ongoing impacts.

2. ASSESSING SOCIAL IMPACTS

The assessment of social impacts can be approached in several ways. The IAIA highlights a risk assessment methodology, whereby the significance of potential impacts is assessed by comparing the consequence of an impact against the likelihood of the impact occurring. This approach is also used in the draft DPIE SIA Guidelines for State Significant Projects (2020).

The DPIE risk assessment methodology is outlined below and has been used in this SIA.

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- the level of concern or interest among the people affected.

Management measures

Social impacts are assessed before and after the implementation of management measures. Management measures are designed to reduce negative impacts and enhance positive impacts. These measures can take different forms and may be incorporated in the planning, construction, or operational stage of the proposal.

Section 8 of this report assess potential impacts prior to management measures as part of the impact scoping phase. Impacts which are assessed as moderate or higher are considered significant and included for further assessment in Section 9. The significant impacts are assessed with any planned mitigation measures to determine the residual impact level.

3. PROPOSAL

This SSDA seeks consent for the construction and operation of a nine-storey building with rooftop plant and two basement levels to accommodate SCH Stage 1/CCCC, which represents Stage 1 of the Sydney Children's Hospital redevelopment.

The proposed development includes:

- An Emergency Department
- An Intensive Care Unit
- A Short Stay Unit
- Day and Inpatient CCCC oncology units
- Children's Comprehensive Cancer Centre
- Ambulance access, parking, back of house and loading dock services accessed via the lowered Hospital Road
- Integration with the Prince of Wales Integrated Acute Services Building currently under construction
- Integration with the proposed Health Translation Hub (HTH) which is a proposed facility, subject to a separate planning approval pathway, being developed by UNSW for education, training and research
- Public domain and associated landscaping works.

Randwick Campus Redevelopment (RCR)

The NSW Government has committed \$1 billion towards the Randwick Campus Redevelopment (RCR). It is a collaborative process between the Sydney Children's Hospital, University of NSW (UNSW), Children's Cancer Institute, Health Infrastructure NSW and the South Eastern Sydney Local Health District (SESLHD) to deliver a global health and education precinct and to ensure health services can accommodate the growing population.

As part of Stage 1 of the RCR, the NSW Government and UNSW are delivering the IASB, which is the first major upgrade to the Prince of Wales Hospital in 25 years. The IASB will deliver state-of-the-art infrastructure that will support new and innovative approaches to acute healthcare and provide staff with purpose designed and built facilities that support contemporary clinical practice. Construction of the IASB commenced in 2019 and it is expected to be in operation by 2022.

Stage 2 of the RCR involves delivering brand new, paediatric health, medical research and educational facilities which is part of the SCH Stage 1/CCCC. The SCH Stage 1/CCCC will have a total building footprint of approximately 5,710 sqm. Of the total building footprint 3,600 sqm will comprise ground floor public domain areas and landscaping. It will connect the RCR with the future UNSW HTH by bringing the RHC and UNSW Kensington Campus closer together, forming an integrated Randwick Health & Innovation Precinct.

The final stage of the RCR is the HTH, a partnership between the NSW Government and UNSW to integrate additional health education, training, and research with acute health care services. It will provide purpose built spaces for researchers, educators and industry partners to work alongside clinicians, education and training rooms and publicly accessible open space. The HTH is subject to a separate SSDA, which is expected to be submitted in 2021.

4. SITE LOCALITY

Local context

The site is located at the corner of Hospital Road and High Street in the Randwick Local Government Area (LGA). Randwick is recognised for its established cluster of health and education services including the Sydney Children's Hospital, Randwick (SCH), Prince of Wales Hospital Campus, Prince of Wales Private Hospital, the Royal Hospital for Women and the University of New South Wales Campus (UNSW).

The SCH Stage 1/CCCC is centrally located within the Randwick Health & Innovation Precinct with the existing SCH and Prince of Wales Hospital located on the block adjacent to the site. High Street comprises of older three to four storey housing stock, a single vehicular lane in each direction and the CBD and South East Light Rail line. Hospital Road provides a direct linkage to the SCH Ainsworth Building South West Wing, SCH loading areas and a public parking lot. The site's ideal position in Randwick provides opportunities for collaboration amongst health services, education providers and the innovation sector.

The site is highly accessible by public transport with a light rail stop located 150m west from the site on High Street and a second light rail stop located approximately 250m east from the site on High Street. There is also a high frequency bus network which connects commuters to the surrounding Eastern Suburbs including Bondi Junction, Coogee and Maroubra Beach and the Sydney CBD and Sydney Airport.

Randwick Junction is located 400m from the site and is a commercial, retail and health and medical services hub that accommodates for a wide range of community needs. Belmore Road is the heart of Randwick Junction, with the location of Royal Randwick Shopping Centre, Randwick Plaza and several smaller scale food and beverage retailers and service providers. The Spot, Randwick is also located nearby to the site (600m) which predominantly provides food and beverage services.

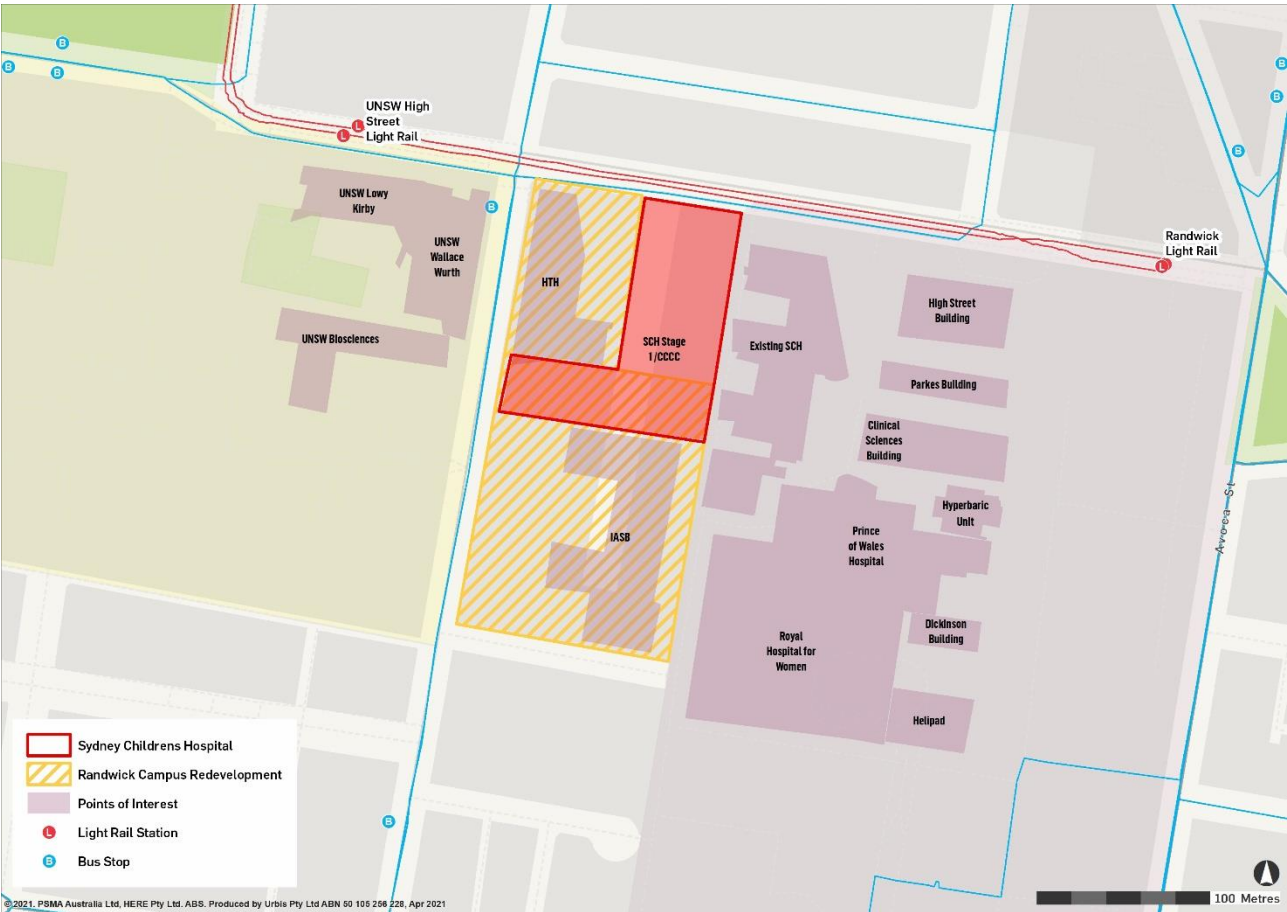
Surrounding health context

The site is located within the RHC and the SESLHD which currently manages two hospitals in Randwick, Prince of Wales Hospital and Community Health Services and the Royal Hospital for Women. The SCHR is part of the Sydney Children's Hospital Network (SCHN) Local Health District which manages the two children's hospitals in Sydney – Randwick and Westmead.

Each year Prince of Wales Hospital treats more than 58,000 patients in the Emergency Department and around 50,000 patients are admitted to Hospital. The Community Health Centre within the Prince of Wales Hospital provides a large range of services to the community including care for the elderly and home nursing care. The Royal Hospital for Women is a specialist hospital for women and babies, delivering more than 4,200 babies per year and providing healthcare treatment to over 1,080 women.

Whilst the SCH is not part of the SESLHD, it is an important health service operating in the RHC. It is one of Australia's leading specialist medical centres for children, providing a comprehensive range of services in paediatric and adolescent care and treatment. Today, the SCH attends to more than 36,000 Emergency Department presentations, admits more than 18,000 for further care and provides more than 312,000 occasions of service, via its outpatient and community health programs each year.

Figure 1 Site Context



Source: Urbis

Figure 2 Site Photos



Picture 1 View to site from Hospital Road

Source: Urbis



Picture 2 View to site from High Street

Source: Urbis



Picture 3 View to corner of Hospital Road and High Street

Source: Urbis



Picture 4 View to High Street from Sydney Children's Hospital

Source: Urbis



Picture 5 Sydney Children's Hospital Emergency

Source: Urbis



Picture 6 Randwick light rail stop

Source: Urbis

5. POLICY CONTEXT

A review of relevant state and local policies was undertaken to understand the strategic context of the proposed development and any potential impacts. The complete policy review is contained in Appendix A. A summary of the key findings from the policy review, as it relates to the proposal, are outlined below.

Table 1 Policy review impact scoping

Theme	Summary of findings
Providing access to health services and infrastructure	<ul style="list-style-type: none"> The District Plan identifies the need for local health services and regional health infrastructure, including hospitals to be accessible to all people in the Eastern City.
Deliver education and jobs in strategic centres	<ul style="list-style-type: none"> The District Plan identifies Randwick as a strategic centre due to its significant health, research and education services. The number of jobs capacity in this precinct is targeted to increase from 22,800 in 2016, to 35,500 by 2036. The Local Strategic Planning Statement (LSPS) recognises the unique location of the precinct within the Eastern Economic Corridor, presenting opportunities to grow jobs in health, education, and innovation. The LSPS further identifies the need to focus economic development, innovation, and job growth in strategic centres such as Randwick.
Supporting the growth of health and education precincts	<ul style="list-style-type: none"> The District Plan acknowledges that Randwick Health & Innovation Precinct has potential to be an established Innovation District. The Randwick Place Strategy further envisions that the precinct will mature into an Innovation District, identifying the UNSW Kensington Campus and Randwick Hospitals' Campus as anchors to achieve this. The LSPS also identifies the precinct as Australia's leading integrated university and health precinct, supporting research, innovation and economic growth.
Deliver a collaborative approach to precinct planning	<ul style="list-style-type: none"> The District Plan identifies the Randwick Health & Innovation Precinct as a Collaboration Area. It aims to bring together Randwick City Council, University of NSW, Prince of Wales public and private hospitals, the Royal Hospital for Women and the Sydney Children's Hospital to plan and manage change. The 20 Year Health Infrastructure Strategy acknowledges how future health services can flourish within a market of innovative, networked providers who drive collaboration and sharing. The Randwick City Plan recognises that to achieve a prospering LGA, key state government agencies, UNSW and Randwick Hospital must work together and coordinate future planning and integration of infrastructure and services. The LSPS also acknowledges that a collaborative approach is required to guide and manage future growth in Randwick City.

6. SOCIAL BASELINE

A social baseline identifies the demographic and social characteristics of the existing community. It is an important tool in understanding how a community currently lives and that community's potential capacity to adapt to changes arising from a proposal.

A community profile has been developed for Randwick suburb based on demographic data from the Australian Bureau of Statistics (ABS Census 2016) and DPIE. The demographic characteristics of Randwick LGA and Greater Sydney have been used for comparison purposes.



Young adult population

Nearly a third (32.5%) of the Randwick suburb population are aged 25 to 39 years old, compared to 26.7% in the Randwick LGA and 23.4% in Greater Sydney.



Culturally and linguistically diverse

Just under half of the Randwick suburb population (48.3%) were born overseas and one third (32.5%) speak a language other than English at home. The top countries of birth were England (6.0%), Ireland (4.0%) and China (3.7%).



High proportion of couple families without children

There is a high proportion of couple families without children (41.6%), compared to 27.9% in Randwick LGA and 33.4% in Greater Sydney.



Strong health and education sector employment

The top two industries of employment in Randwick suburb are Hospitals (6.7%) and Higher Education (4.8%). These are also the top two industries of employment in the Randwick LGA (4.9% and 4.3% respectively).



High density living

Flats and apartments are the most dominant dwelling type in Randwick suburb (67.5%). This is significantly a higher proportion than in the Randwick LGA (55.8%) and Greater Sydney (28.1%).



Highly educated

44.8% of people in Randwick suburb have a Bachelor or higher degree qualification, compared to 37.5% in the Randwick LGA and 28.3% in Greater Sydney.



Economic advantage

Randwick suburb is ranked in the top 10% of suburbs in NSW for relative socio-economic advantage and disadvantage.



Modest population increase

The population of Randwick LGA is expected to increase by 0.7% from 2016 to 2041, which is an increase of 30,500 people over a 25 year period.

7. CONSULTATION

7.1. ENGAGEMENT TO INFORM THE RANDWICK CAMPUS REDEVELOPMENT

The Health Infrastructure project team has undertaken a range of engagement and consultation activities to raise project awareness and provide an opportunity for feedback to be considered. Key engagement activities to date have included:

Stage 1 – Early 2019 – Mid 2020

- SCHN patient experience survey
- Project visioning workshop with consumers and SCHN staff
- Project factsheet released to all stakeholders
- SCHN staff forum and staff survey
- Project User Groups to support Concept Design with SCHN and CCI staff and executives, UNSW staff and consumers
- Development of the SCHN Consumer Engagement Framework
- Two workshops attended by 30 families undertaken to gather insights on the patient and family experience with SCHN patients and families.

Stage 2 – Mid 2020 to November 2020

- Surveys and activity sheets distributed to consumers and the community to gather input on the design of the new building. 540 survey responses and 50 activity sheets were collected.
- Four workshops attended by CCI oncology families to focus on the design and opportunities for the CCCC.
- Arts and Play Joint Working Group to inform the project's Arts and Play Strategy
- Expression of Interest released for the Consumer and Community Advisory Committee
- Consultation with Aboriginal Health Unit to develop the Aboriginal Engagement Strategy
- Fortnightly all staff emails from the Director of Clinical Operations at the Network
- Flyer dropped to 600 local residents encouraging participation in future project activities
- Project User Groups commence to support the Schematic Design phase. Over 19 meetings held over a 12 week period.
- Expressions of interest closes for the Consumer and Community Advisory Committee. Of the 25 candidates interviews, 14 are selected.
- Ongoing SCHN Chief Executive Update to SCHN staff
- Development of Architectural Working group with SCHN and CCI executive and staff.
- First Consumer and Community Advisory Committee (CCAC) meeting undertaken.
- Meeting with La Perouse Local Aboriginal Land Council.
- Workshop with 15 attendees from SCHN families and CCI families on shared family spaces and play areas.
- Meeting with Randwick City Council to discuss project intent.
- Initial meeting with Heritage NSW undertaken to discuss the project intent.
- Finalisation of the Aboriginal Engagement Strategy.
- Development of expression of interest and terms of reference for the Student Reference Group with UNSW, UTS and TAFE students.

- Consumer and Community Advisory Committee meeting and workshop on single patient bedrooms.
- Project flyer to announce commencement of Statutory Planning letterbox dropped to 600 residents.

Stage 3 – Late 2020 to Early 2021

- Meeting with Randwick City Council to discuss potential impacts to parking, traffic and transport.
- Retail survey distributed to consumers and the local community to understand preferred retail options and services to be included in the redevelopment. 170 responses were received.
- Project update provided to Randwick City Council General Manager and meeting with Randwick City Council councillors.
- Local resident door knocks undertaken with UNSW to provide a project and Statutory Planning update.
- Project factsheets and letterbox dropped to local residents and uploaded to the project website.
- RHC redevelopment community update distributed to over 10,000 local households and businesses.
- RHC all staff update.
- Introductory emails to local school principles and P&C groups with offering for briefings.

As outlined in the Consultation Report, consultation activities will be also be undertaken during Stage 4 (public exhibition of the EIS) and Stage 5 (post public exhibition).

Engagement outcomes

As outlined in the Consultation Report, the following feedback was provided through the various engagement activities. These comments have informed design and inclusion of spaces throughout the building.

- Provision of a welcoming and homely hospital environment
- Provide a dedicated parent lounge to rest and meet other families and a dedicated oncology family support area
- Adequate space provided for families, carers and staff in single patient rooms
- Building design and features to cater to children of all ages
- Provision of a safe and secure hospital environment that protects staff, patients, families and visitors
- A welcoming and culturally inclusive building, with Aboriginal health made visible from the street frontage and recognition of Aboriginal culture in building design and landscape
- Wayfinding improved to reduce anxiety when moving between hospital departments
- Green spaces to enhance wayfinding and permeability and provision of landscaped areas on every level of the building
- Ease of access to outdoor areas
- Front of House designed to engage visitors of all ages
- Physical integration of education and research with clinical care
- Maximise functional space for the CCCC and ensure design consistency of the UNSW HTH and the SCH Stage 1/CCCC
- Access to healthy, fresh and affordable food
- Concerns about the transit time to the existing mortuary facility and the need for a dedicated viewing room in the building
- Ensuring adequate spacing of the pathology area for infectious and non-infectious patients
- Provision of adequate space for bed storage
- Space for storage of therapy equipment on wards.

7.2. CONSULTATION WITH RANDWICK CITY COUNCIL

Consultation was undertaken with representatives from Randwick City Council's Community Development, Diversity and Inclusion and Strategic Planning teams. A one hour online meeting was held on 3 March 2021 to gain an understanding of Council's perspectives on potential positive and negative social impacts of the proposal on the local community.

The key feedback provided from Council is that the proposal will have an overall long-term positive impact on the local and wider community, however there will be short-term impacts on residents immediately surrounding the site during the construction phase. Key themes and feedback are summarised below.

Accessibility and equity

- Consider how residents across the LGA will access the hospital, especially those in socially disadvantaged areas in the southern suburbs.
- People in socially disadvantaged areas have existing perception barriers around connecting with new, large scale infrastructure projects. This may leave residents in these communities feeling like they are not welcome or comfortable in accessing services at the new SCH Stage 1/ CCCC.

Engagement with the local community

Council staff believe the following will be important to achieving and enhancing the positive social impacts of the proposal:

- Clear communications and messaging of the proposal and services that will benefit the local community
- Consideration of potential language barriers in communication material
- Communication with people from a wide range of cultural and linguistic backgrounds, including the local Indigenous community
- Awareness of consultation fatigue and lowered tolerance for change within the community due to local impacts such as ongoing construction projects (such as light rail), as well as broader social impacts (such as COVID-19 and bushfires)
- Using the Council local hubs to communicate with the community on project status updates and to inform the community of services during operation
- Ongoing communication with UNSW staff and students, especially during the construction phase to mitigate potential amenity impacts.

Cumulative construction impacts

- Housing growth investigation areas have recently been identified by Council on the northern side of High Street, which will likely see an uplift in dwellings from two to three storeys to six to eight storeys.
- There are plans to make improvements to the Randwick Junction Town Centre over the next 15 years to respond to the demand for more commercial floorspace, as a result of the hospital and university development growth and expected population growth in the area.
- Consider the impact on local residents of cumulative construction impacts from previous, current and future projects.

8. IMPACT SCOPING

A proposal may cause a range of direct and indirect social impacts which can have a positive, negative or neutral impact on the existing environment and community. A SIA should assess the impacts which are considered to have the most significant impacts on the community and identified stakeholder groups.

The following section outlines the impact scoping considerations which were used to inform the determination of significant social impacts. The assessment process used to determine each impact level is described in Section 2.

8.1. IMPACTED COMMUNITIES

Based on the local context and community profile, the following individuals and communities are likely to be impacted by the proposal:

- Randwick suburb residents
- Randwick LGA residents
- Sick and injured children
- Families of patients
- RHC staff and visitors (including Sydney Children's Hospital, Prince of Wales Hospital Campus, Prince of Wales Private Hospital and the Royal Hospital for Women)
- Health and research professionals
- UNSW staff and students
- Local Indigenous communities
- Local businesses.

8.2. PRELIMINARY ASSESSMENT

Table 2 outlines the social impacts which were considered as part of this SIA. These social impacts have been informed by the contextual information presented in Sections 3 – 7 of this report.

The social impacts in Table 2 were assessed against the SIA criteria contained in Section 2, without considering management measures.

Any impacts which were assessed as having a moderate or higher impact are considered significant and included for further assessment in Section 9. Social impacts which were assessed as having a low or neutral impact are described below and are not included for further assessment.

Table 2 Impact scoping

Potential impacts	Potentially impacted communities	Preliminary assessment
Neutral to low impacts: not included for further assessment		
Increase in traffic	<ul style="list-style-type: none">▪ Randwick residents▪ Randwick LGA residents▪ RHC staff and visitors▪ Local businesses	<p>The site is bounded by High Street to the north, Hospital Road to the east, Magill Street to the south and Botany Street to the west.</p> <p>Traffic surveys were undertaken by Arup in 2017 and 2019 to understand the current performance of roads and intersections near the site. The two year trend surveys showed there was generally a decrease in traffic volumes on Botany Street and Barker Street in this period. As outlined in the Traffic and Transport</p>

Potential impacts	Potentially impacted communities	Preliminary assessment
		<p>Assessment report, this trend is expected to reflect future travel behaviours on the wider road network.</p> <p>Key intersections in the surrounding road network were modelled at morning (7:30am – 8:30am) and evening (4:30pm – 5:30pm) peak periods to determine the current level of performance. This modelling suggests that the Barker Street/Avoca Street intersection is operating over capacity in both the AM and PM peak period. All other intersections assessed are operating satisfactorily.</p> <p>A new signalised intersection at Botany Street and UNSW Gate 11 will be the main vehicle access to the site. This intersection was approved as part of the IASB development. As outlined in the Traffic and Transport Assessment, the signalisation of the new entry road with Botany Street will increase the capacity of this intersection, as well as facilitate movements to other facilities on the campus. The expected trip generation for SCH Stage 1/CCCC is below the capacity for the new intersection. It is expected to operate within practical capacity and with minimal impact to local access.</p> <p>The Acoustic Assessment assess the potential noise impacts from the increase in vehicle movements along Botany Street. The assessment found that the additional vehicles during peak hour will be barely perceptible to the average person and is considered acoustically acceptable.</p> <p>Based on the above, it is expected that increase in traffic will have a neutral to low impact on the community.</p>
Amenity impacts including noise and vibrations	<ul style="list-style-type: none"> ▪ Randwick residents ▪ Local businesses ▪ RHC staff and visitors ▪ UNSW staff and students 	<p>An Acoustic Assessment prepared by Pulse Acoustic Consultancy addresses operational noise emissions from the development to nearby receivers. It also considers noise and vibration impacts associated with the construction of the proposed building on surrounding residential areas and commercial, educational and health institutions.</p> <p>Operational noise emissions on adjacent land owners are predominately expected to be from base building services such as plant rooms, exhaust rooms, kitchen and toilet exhaust fans and cooling towers, as well as vehicle movements around and within the site. Acoustic treatments are outlined in</p>

Potential impacts	Potentially impacted communities	Preliminary assessment
		<p>the Acoustic Assessment to ensure compliance with relevant criteria.</p> <p>Noise impacts from the increase in vehicle movements on Botany Road and from vehicles in the basement car park can comply with relevant requirements.</p> <p>Assessment of construction noise levels on nearby residences on Blenheim Street found that all phases of development are likely to result in emissions above the Highly Noise Affected Level. Construction noise impacts on other sensitive receivers around the site, including residences on Botany Road (north), Magill Street and Norton Street, Randwick Hospital Campus and UNSW, will be above the BG + 10dBA level, but below the Highly Affected Level. The assessment found that noise from construction traffic is unlikely to impact on nearby receivers.</p> <p>To manage construction noise on residential receivers the following construction hours are proposed:</p> <ul style="list-style-type: none"> ▪ Monday – Friday: 7:00am to 6:00pm ▪ Saturday: 8:00am to 5:00pm. ▪ Sunday/Public Holidays: no works. <p>Management procedures are outlined in the Acoustic Report to manage construction noise and vibrations. Depending on the vibration exceedance level, different management procedures will be required.</p> <p>Pulse Acoustic Consultancy also recommend consultation to be undertaken with the sensitive receivers identified above prior to works being undertaken.</p> <p>A Construction Noise and Vibration Management Plan (CNVMP) will be prepared that outlines detailed mitigation measures to manage acoustic and vibration impacts.</p> <p>It is expected that there will be some short-term low negative noise and vibration impact on surrounding sensitive receivers. This is likely to be managed through implementation of management procedures and the preparation of a CNVMP.</p>

Potential impacts	Potentially impacted communities	Preliminary assessment
Change to visual character	<ul style="list-style-type: none"> ▪ Randwick residents ▪ Randwick LGA residents 	<p>The site is currently vacant with construction hoarding surrounding the perimeter. Previously, the site contained 92 low density residential buildings. There is a low density residential context to the north and south of the site, with dwellings ranging in height from one to four storeys. The site also sits within an existing Health and Education Precinct, with buildings of eight to ten storeys to the east and west. This includes the UNSW Wallace Wurth Building, Lowy and Biosciences buildings and Prince of Wales Hospital buildings.</p> <p>The SCH Stage 1/CCCC is proposed to be nine storeys in height. This will be comparable with surrounding health and education buildings, as well as the other two planned buildings as part of the Randwick Campus Redevelopment site. This includes the 10 storey IASB building which is currently under construction and the proposed HTH building which will be 15 storeys.</p> <p>The proposal is of high quality architectural presentation with the use of quality materials and carefully considered massing to reduce it's visual impact. The use of extensive landscaping at ground floor, and at balcony facades and the roof will further improve the visual appearance of the building from the public domain.</p> <p>The SCH Stage 1/CCCC building will be of comparable building height to surrounding education and health buildings and meets strategic directions to transform the area into a health and education precinct. It is expected that the building will not adversely change the character of the area and is considered to have a low impact on the community.</p>
Improved wayfinding	<ul style="list-style-type: none"> ▪ Families of patients ▪ RHC staff and visitors 	<p>The existing Sydney Children's Hospital and Prince of Wales Hospital have several buildings across the Precinct which can be difficult to navigate.</p> <p>Feedback from the community and key stakeholders emphasises the need to improve wayfinding to reduce anxiety for patients and their families when moving to different areas of the building or wider RHC.</p> <p>In response to the existing condition and engagement outcomes, a key principle of the</p>

Potential impacts	Potentially impacted communities	Preliminary assessment
		<p>masterplan is supporting wayfinding and connection to surrounding health buildings across the site.</p> <p>Wayfinding will be supported throughout the building by using consistent lighting, floor coverings and architectural finishes in public circulation areas, placing memorable landmarks and architectural features at key decision making points, providing consistent cues to assist wayfinding and clearly locating information desks within public entry zones.</p> <p>Connection to surrounding health building will be made through implementation of the pedestrian bridge connection from the SCH building to the IASB. Additionally, at levels two, three and four the SCH building will have podium connections with the HTH building. This physical integration will enhance streamlining of services and partnerships to provide high cost and complex services such as imaging equipment and logistics. The new SCH will also connect to the existing SCH building via a pedestrian bridge at level two. The existing SCH building will continue to provide allied health services and outpatient care. The inclusion of a bridge between the new and existing building will enable ease of access for patients and families.</p> <p>Improved wayfinding throughout the building, as well as connection to other buildings is likely to have a low positive impact on the community.</p>
Integration of local Indigenous culture in the design	<ul style="list-style-type: none"> ▪ Randwick residents ▪ Randwick LGA residents ▪ Local Indigenous communities 	<p>Engagement activities found that the community and stakeholders want to see the building be a welcoming and inclusive place that recognises Aboriginal culture in the building and landscape design.</p> <p>The public domain and landscape design integrates local Indigenous culture and the endemic landscape. The landscape design represents local Randwick elements of sand dunes, eroded sandstone headlands, protected gullies and banksia scrub. This is articulated with eastern banksia scrubs at the northern site interface with High Street and the design of the central courtyard which aims to provide a gully experience with ferns and palms. An enclosed Indigenous gathering space is also proposed at the southern shared Hospital Road pathway.</p>

Potential impacts	Potentially impacted communities	Preliminary assessment
		<p>Engagement with an established Aboriginal Consumer Committee and Aboriginal families has helped informed culturally appropriate responses throughout the building relating to wayfinding and consumer journeys, the building massing and external and internal colour palette and material selection.</p> <p>The integration of local Indigenous culture in the design of the SCH Stage 1/CCCC building is likely to have a low positive impact on the community.</p>
Moderate to very high impacts: significant impacts, assessed further in Section 9.		
New and improved medical services for children	<ul style="list-style-type: none"> ▪ Randwick residents ▪ Randwick LGA residents ▪ RHC staff and visitors ▪ Health professionals 	<p>The SCH first opened in 1858 as an Asylum for Destitute Children in Paddington and then as Catherine Hayes Hospital in 1870. The SCH is now one of Australia's leading specialist medical centres for children and the largest integrated children's cancer service and research centre in the Southern Hemisphere¹.</p> <p>The last major upgrades to the Hospital were undertaken more than 25 years ago in 1994. The existing SCH is nearing capacity, and the number of children in the Eastern City District is projected to increase.</p> <p>The new SCH building will be more than 50% larger than the existing hospital building, providing an total 35,711sqm of GFA.</p> <p>New and improved medical services for children is likely to have a positive impact on the community.</p>
Enhanced research opportunities to improve models of care	<ul style="list-style-type: none"> ▪ Sick and injured children ▪ Health and research professionals ▪ UNSW staff and students 	<p>Research activities at the SCHN are currently undertaken through Kids Research, which has a team of approximately 600 researchers across Randwick and Westmead Children's Hospitals.</p> <p>Research from the Children's Cancer Institute shows that cancer kills three children every week in Australia, which is more than any other disease. There are approximately 300,000 new cases of cancer diagnosed globally each year in children and adolescents.</p>

¹ The Sydney Children's Hospital Network, *About Sydney's Children Hospital*, <https://www.schn.health.nsw.gov.au/about/about-sydney-childrens-hospital-randwick>.

Potential impacts	Potentially impacted communities	Preliminary assessment
		<p>The new CCCC will be developed as a partnership with the Children's Cancer Institute, the Kid's Cancer Centre and UNSW. It will be Australia's first purpose built CCCC and will have over 500 researchers and clinicians working together in the same centre.</p> <p>Enhanced research opportunities to improve models of care is likely to have a positive impact on the community.</p>
Increased job opportunities	<ul style="list-style-type: none"> ▪ Randwick residents ▪ Randwick LGA residents ▪ Health and research professionals 	<p>The top two industries of employment in Randwick suburb and Randwick LGA are hospitals (6.7% and 4.9%) and higher education (4.8 and 4.3%). The District Plan projects an increase of approximately 12,700 jobs over the next 15 years to further established the LSPS vision of the Randwick precinct as Australia's leading integrated university and health precinct.</p> <p>SCH Stage 1/CCCC are projected to create an additional 516 jobs. This will be across clinical roles at SCH and research roles at CCCC.</p> <p>Increased job opportunities is likely to have a positive impact on the community.</p>
Increase in open space and landscaping	<ul style="list-style-type: none"> ▪ Randwick residents ▪ Randwick LGA residents ▪ Sick and injured children ▪ RHC staff and visitors 	<p>The existing SCH site has limited open space available. The Prince of Wales Hospital adjacent to the existing SCH has some small plaza areas with landscaping. UNSW has larger lawn areas and seating, with Michael Birt Lawn the closest to the site.</p> <p>Engagement with patients, families, staff and the community identified the need for outdoor family spaces and amenities.</p> <p>The proposal will include 3,600sqm of ground floor public domain and open space. Additionally, landscaped outdoor terraces are proposed on levels two to eight. The open space and landscaping design is centred on providing a green outlook for patients, as well as spaces for healing and engagement.</p> <p>Increase in open space and landscaping is likely to have a positive impact on the community.</p>
Cumulative construction impacts	<ul style="list-style-type: none"> ▪ Randwick residents ▪ Local businesses 	<p>The site is in an area that has experienced recent change, with several major education and infrastructure developments. This includes the</p>

Potential impacts	Potentially impacted communities	Preliminary assessment
	<ul style="list-style-type: none"> UNSW staff and students 	<p>construction of the Sydney CBD and South East Light Rail and the UNSW Biological Sciences Building, which both commenced construction in 2015.</p> <p>Construction has also started on the UNSW IASB development, with expected completion in 2022.</p> <p>Engagement with Randwick City Council identified other potential projects near the site, including the investigation area for potential housing density uplift on the northern side of High Street and the Randwick Junction Town Centre upgrades.</p> <p>The SCH Stage 1/CCCC are expected to open in late 2025. The final building in the RHC – the UNSW HTH – is expected to complete construction and commence operation in 2026.</p> <p>As outlined above, construction works have been ongoing in this immediate area for the past six years, with construction works to continue for another five to six years for the RCD. Other potential projects, such as the Randwick Town Centre redevelopment, have potential for a 15 year timeline, with various periods of construction.</p> <p>Due to the site's location within an area experiencing a high amount of construction activity, the RCD is likely to contribute to cumulative construction impacts on local residents, resulting in short to medium term negative impacts. The implementation of management measures will help alleviate construction related impacts.</p>
Demand for car parking	<ul style="list-style-type: none"> Families of patients RHC staff and visitors 	<p>There are approximately 2,300 on-campus car parking bays currently available to staff and the public.</p> <p>The Traffic and Transport Assessment, prepared by Arup, found that parking occupancy surveys show consistently high occupancy rates of greater than 85% between 9:00am and 3:00pm, Monday to Thursday. As outlined in the report, 85% represents practical capacity of a car park.</p> <p>A new car park is proposed at Basement Level 2 of the new building, with 54 car parking spaces for visitors. No additional car parking is proposed for staff. However, the proposal will look to improve efficiencies of the existing RHC by increasing the</p>

Potential impacts	Potentially impacted communities	Preliminary assessment
		<p>operational capacity from 91% to 95% during peak periods.</p> <p>Without any additional staff car parking and initially similar staff travel behaviour, there is likely to be a short-term negative impact on staff and visitors. However, this is likely to have a neutral impact subject to implementation of transport strategies.</p>

9. ASSESSMENT OF SIGNIFICANT IMPACTS

The following section provides a detailed assessment of the significant social impacts of the proposal, as identified in Section 8 of this report. The significant impacts are assessed with any planned mitigation measures to determine the residual impact level. The assessment process used to determine each impact level is described in Section 2 of this report.

9.1. IMPROVED MEDICAL SERVICES FOR CHILDREN

Description of impact	Impacted groups
New and expanded emergency department and intensive care unit, new short stay unit and expansion of clinical spaces.	<ul style="list-style-type: none"> ▪ Randwick residents ▪ Randwick LGA residents ▪ RHC staff and visitors ▪ Health professionals
Current environment	
<p>The SCH first opened in 1858 as an Asylum for Destitute Children in Paddington and then as Catherine Hayes Hospital in 1870. The hospital continued to grow and eventually moved to a wing of the larger general hospital, which came to be known as Prince of Wales Hospital in 1953. It was not until 1998 that the Prince of Wales Children's Hospital became known as the Sydney Children's Hospital².</p> <p>The SCH is now one of Australia's leading specialist medical centres for children and the largest integrated children's cancer service and research centre in the Southern Hemisphere³. It is one of two children's hospitals in Sydney – the other being the Westmead Children's Hospital. The SCH provides a range of services in paediatric and adolescent medicine and surgery, treating children with conditions including cancer, HIV/AIDS, congenital abnormalities, disabilities, heart disease and respiratory diseases.</p> <p>The last major upgrades to the Hospital were undertaken more than 25 years ago in 1994⁴. As outlined in the Architectural Design Report some of the treatment spaces in the SCH building do not meet current Australasian Health Facility Guidelines due to their age.</p> <p>In 2020 the SCH cared for 68,055 children and had 33,265 emergency department presentations. As outlined in the SCHN 2020 Annual Review the SCH is at approximately 74.3% admitted patient occupancy⁵, meaning that approximately 15% of hospital beds are available for new patients.</p> <p>The number of children four years and younger living in the Eastern City District is expected to increase by 20% by 2036. It is also projected that the number of children and young people aged five to 19 living in the Eastern City District will grow by approximately 40% by 2036. This expected population growth aligns with the Sydney Children's Hospital Strategic Plan 2017 – 2022 which recognises that significant population growth in Sydney will drive future demand for children's health services. The Strategic Plan also recognises the changing expectations for children's care. This includes families having more acceptance and awareness of the technologies available for treatment. Families are also more likely to be</p>	

² The Sydney Children's Hospital Network, History of Sydney Children's Hospital, Randwick,

<https://www.schn.health.nsw.gov.au/hospitals/kids-and-teenagers/kids-aged-3-to-11-years/history-of-the-hospitals/history-sch>.

³ The Sydney Children's Hospital Network, *About Sydney's Children Hospital*, <https://www.schn.health.nsw.gov.au/about/about-sydney-childrens-hospital-randwick>.

⁴ The Sydney Children's Hospital Network, Strategic Plan 2017 – 2022,

https://www.schn.health.nsw.gov.au/files/attachments/exc4092_schn_strategic_plan_2017-2022_fa4_lr_0.pdf.

⁵ The Sydney Children's Hospital Network, 2020 Annual Review.

more involved and engaged with clinical staff about their child's state of health, potential conditions and potential treatment options.

In addition, technology is impacting how hospitals are designed and functioned. As outlined in the Strategic Plan, emerging technologies are transforming the way care is provided. This includes using electronic medical records, telehealth and in some cases 'big data' enabling early intervention treatments.

Impact of the proposal

The new SCH building will be more than 50% larger than the existing hospital building, providing a total 36,923.68m² GFA.

The expansion will include a Paediatric Intensive Care Unit and bigger Emergency Department, which will enable the provision of an Emergency Medical Unit and additional treatment spaces. The project will provide a new children's short stay unit, expanded spaces for clinical services, pharmacy, medical imaging facilities and pathology. The CCCC will also be integrated within the building (further discussed below in Section 9.2).

Management measures

- Ongoing consultation with clinicians, academics, researchers, staff and the community to determine the clinical services to be provided.
- Ongoing consultation with key stakeholders to determine the location of departments throughout the building to maximise key relationships and efficiencies.

SIA recommendations

- Continue to communicate with the community, especially harder to reach lower socio-economic communities, during operation on the services provided at the SCH.

Residual impact (considering management measures)

Likelihood: Almost certain

Consequence: Transformative

The new SCH will deliver a larger hospital with an expanded emergency department, new short stay unit and expanded spaces for clinical services. The new and improved services will also better connect with surrounding health and education buildings, enabling efficiencies and streamlining of services. The delivery of the new SCH building will have a very high positive impact on the community, and in particular on children requiring medical care.

9.2. ENHANCED RESEARCH OPPORTUNITIES TO IMPROVE MODELS OF CARE

Description of impact	Impacted groups
Integration of clinical care, research and teaching to deliver improved models of care for children with cancer	<ul style="list-style-type: none"> ▪ Sick and injured children ▪ Health and research professionals ▪ UNSW staff and students
Current environment	
<p>Research activities at the SCHN are currently undertaken through Kids Research, which has a team of approximately 600 researchers across Randwick and Westmead Children's Hospitals. Researchers work in collaboration with other local, national and global researchers and study a wide range of childhood illnesses including cancer, bone diseases, genetic conditions, diabetes, infectious diseases, neuromuscular conditions, rare diseases, sleep disorders, and kidney and liver disease.</p> <p>Research from the Children's Cancer Institute shows that cancer kills three children every week in Australia, which is more than any other disease. There are approximately 300,000 new cases of cancer diagnosed globally each year in children and adolescents. Children who survive cancer are also very likely to suffer long term effects from their treatment. This is predominately due to the use of adult produced cancer treatments (such as chemotherapy and radiation) used in children⁶.</p> <p>Medical research has improved the survival rate for childhood cancer to over 80%, however some types of cancer have a much lower survival rate⁷. As outlined in the Architectural Design Report prepared by Billard Leece Partnership, there is an increased demand for paediatric critical care and cancer services as a result of growth in the paediatric population, the increased survival of children with cancer and advances in management of critical ill neonates and children.</p>	
Impact of the proposal	
<p>The new CCCC will be developed as a partnership with the Children's Cancer Institute, the Kid's Cancer Centre and UNSW. It will be Australia's first purpose built CCCC and will have over 500 researchers and clinicians working together in the same centre, with a focus on delivering leading research on curing children's cancer and world class clinical care⁸.</p> <p>Research expected to be undertaken in the CCCC will cover a wide spectrum of childhood cancer research including laboratory research into treatment and prevention of cancer, impact of cancer on families and the integration of new discoveries into improved models of care. As outlined by the Children's Cancer Institute, medical research has made significant contributions to increasing the survival rate of children with cancer, however there is a need for effective and safer treatments that are produced specifically for children to minimise ongoing and long term effects of cancer. The CCCC is intended to provide children with the same level of integrated cancer care, informed by research, that adults experience.</p> <p>The co-location of the CCCC with the SCH will improve integration between doctors and researchers. This is expected to enhance the implementation of innovative approaches to the standard of care for children with cancer and provide improved outcomes. There is evidence to suggest there are social benefits of co-locating research centres with clinical services. A study undertaken by Lichten et al. (2017) looked at the</p>	

⁶ Children's Cancer Institute, *About childhood cancer*, <https://www.ccia.org.au/about-childhood-cancer>.

⁷ Ibid.

⁸ Ibid.

benefits that biomedical research can have when located at research active hospitals. It used the Oxford Biomedical Research Centre as a case study, which is a partnership between the University of Oxford and Oxford University Hospitals NHS Foundation Trust. The research found that the co-location of research and clinical services can have positive changes to clinical and research staff. This includes training and upskilling staff through research engagement, which provides them with new skills, increases in knowledge, and changing perceptions and attitudes from clinical staff towards the importance of research. This can lead to a more rapid and consistent uptake of new treatment across the hospital and therefore better patient care and outcomes (Lichten et al. 2017).

The research from Lichten et al. also found that co-locating research with clinical services can positively impact the reputation of a hospital at a staff, community, and patient level. At a staff level, the research found that a better reputation was likely to attract and retain good staff by being able to provide enhanced professional development opportunities in research and clinical trials. A good reputation was also found to enhance community confidence in the local population that they will receive high quality care from clinical staff who are engaged in medical research and innovation. An improved reputation can also positively impact patients and their families. Lichten et al. found that patients can feel appreciative that clinical staff are keenly interested in their condition and illness by undertaking research or being involved in clinical trials. This positive impact can also extend to the families of patients who may be involved in research activities, such as contributing through interviews, which can have positive psychological impacts.

Management measures	SIA recommendations
<ul style="list-style-type: none"> Integrating research and clinical care and contributing to the overall enhanced Randwick Health & Innovation Precinct. Design includes glass walls at laboratory areas to allow visitors to look in at research activities to enhance interaction with these spaces. 	<ul style="list-style-type: none"> Consider open days at the CCCC laboratories for patients, families, and the broader community to attend information and/or activity sessions to learn and interact with research.
Residual impact (considering management measures)	
Likelihood: Almost Certain	Consequence: Transformative
<p>The delivery of Australia's first CCCC will be a place for world class medical research and innovation into the treatment and prevention of childhood cancer. The centre will be a significant addition to health infrastructure in Australia, as well as a key anchor in the establishment of the Randwick Health & Innovation Precinct. The delivery of the CCCC will likely have a very high positive impact on the community.</p>	

9.3. INCREASED JOB OPPORTUNITIES

Description of impact	Impacted groups
Increased research and clinical health sector job opportunities, as well as key worker support roles	<ul style="list-style-type: none"> ▪ Randwick residents ▪ Randwick LGA residents ▪ Health and research professionals
Current environment	
<p>As outlined in Section 6, the top two industries of employment in Randwick suburb and Randwick LGA are hospitals (6.7% and 4.9%) and higher education (4.8 and 4.3%).</p> <p>The District Plan projects an increase of approximately 12,700 jobs over the next 15 years to further established the LSPS vision of the Randwick precinct as Australia's leading integrated university and health precinct. As outlined in Section 9.2 the SCHN has a research team of approximately 600 staff across both Randwick and Westmead Children's Hospitals.</p> <p>The SCH currently employs 1,316 FTE staff at SCH and 400 in a research role associated with existing research team. The existing café at the SCH also employs three staff.</p>	
Impact of the proposal	
<p>SCH Stage 1/CCCC are projected to create an additional 516 jobs. This will be across clinical roles at SCH and research roles at CCCC. Increased building capacity, and staff numbers also assumes an increase in key worker support roles such as cleaners and admin staff. The creation of new jobs aligns with local and district strategic priorities for employment growth in the Randwick Health & Innovation Precinct. The growth in staff numbers is likely to support incidental retail spending on site and in the broader community.</p> <p>Research from the World Health Organisation (WHO) outlines social benefits of health sector jobs in their report Economic and Social Impacts and Benefits of Health Systems (2019). The research suggests that in local areas where the health sector is the largest employers of local residents, these jobs can influence local communities through increased local wealth as staff live and spend locally. Local communities with large health sector employment can also help reduce reliance and on private vehicle transport as people travel far less for work (WHO 2019).</p> <p>The WHO report also found that local health jobs are likely to be secure, potentially reducing temporary contract work and resulting in positive social outcomes as residents can participate in the community. Staff living and spending in their community, spending less time commuting and working in safe and secure jobs, can also improve social cohesion and enhance community ties and resilience (WHO 2019).</p>	
Management measures	SIA recommendations
<ul style="list-style-type: none"> ▪ None identified. 	<ul style="list-style-type: none"> ▪ Implement the SCHN existing Indigenous Employment and Workforce Development Strategy which aims to increase the representation of Aboriginal employees to 2.6% across NSW Health. ▪ Prepare a workforce plan which outlines proposed staffing changes across SCH, and new roles.

	<ul style="list-style-type: none"> ▪ Develop relationships with local high schools to enhance knowledge of career opportunities in the health sector.
Residual impact (considering management measures)	
Likelihood: Almost certain	Consequence: Moderate
<p>The development of SCH Stage 1/CCCC will result in increased job opportunities in the health sector, both in clinical and research roles. It is also likely that other key worker roles, such as cleaners and admin would be required to support the increase in floorspace and hospital staff.</p> <p>Increased jobs in health and education aligns with strategic goals to provide more jobs in the Randwick Health & Innovation Precinct. Increased job opportunities will likely have a high positive impact on the community.</p>	

9.4. INCREASE IN OPEN SPACE AND PUBLIC DOMAIN AREAS

Description of impact	Impacted groups
Increase in open space, landscaping and public domain areas for patients and families, staff, and the broader community.	<ul style="list-style-type: none"> ▪ Sick and injured children and their families ▪ RHC staff and visitors ▪ Randwick residents
Current environment	
<p>The existing SCH site has limited open space available. The Prince of Wales Hospital adjacent to the existing SCH has some small plaza areas with landscaping. UNSW has larger lawn areas and seating, with Michael Birt Lawn the closest to the site (approximately 100m away). Outside the Hospital and Health Precinct the closest area of open space is Paine Reserve, which is approximately 700m to the south of the site and has a single playing field and playground. There are therefore limited open space opportunities within and outside the health and education precinct.</p> <p>Engagement with patients, families, staff and the community identified the need for outdoor family spaces and amenities such as flexible seating areas, peaceful and green spaces and places suitable for families to connect. Engagement outcomes also identified that outdoor areas should be easily accessible and green space should be used to enhance wayfinding and permeability.</p>	
Impact of the proposal	
<p>The proposal will include 3,600sqm of ground floor public domain and open space. Additionally, landscaped outdoor terraces are proposed on levels two to eight. The open space and landscaping design is centred on providing a green outlook for patients, as well as spaces for healing and engagement. At ground floor level several open space areas are designed to offer a place for respite and calmness, including the central courtyard and gardens and terraced informal seating areas.</p> <p>Other areas of open space are activity based, including the children's play area which provides nature and accessible play opportunities. Along Hospital Road, a shared pathway is proposed with boundary landscaping, picnic and seating nooks and an enclosed Indigenous gathering space.</p> <p>Also proposed at levels two to eight are roof terraces, which will provide accessible outdoor spaces for patients, staff and visitors. This will provide respite for patients and their families who may be more restricted in their movements.</p> <p>Research shows there are benefits of hospital outdoor spaces (Neducin et al. 2010). Historically, in the 14th and 15th centuries, hospital buildings were designed among garden settings (Neducin et al. 2010). However, with technological advancement in medical science and building construction in the 20th century, there was a change in hospital design toward staff efficiencies. This saw the construction of high rise hospitals with large parking lots and a movement away from the garden setting (Neducin et al. 2010).</p> <p>In more recent times, there is again a larger focus on patient needs and the positive impact patient-oriented hospital design can have on clinical outcomes (Bengtsson and Grahn 2014). According to Becker et al. (2010) research shows that the focus only on decreasing a negative state, such as an illness, through medicine, does not necessarily increase positive states. Rather, as Marcus and Barnes (1999) found, garden environments can have three positive impacts on the healing process for patients including providing relief from physical symptoms, reducing stress and improving overall well-being. As well as having therapeutic benefits for patients, research also found increased staff satisfaction and enhanced well-being (Waxman et al. 1984). This can result in increased professional longevity for staff (Waxman et</p>	

al. 1984), as they “use outdoor space as a way to escape stressful jobs or adverse conditions in the hospital” (Neducin et al. 2010 p. 298).

In recent times, there is also a shift in recognising that hospitals are “integral fragments of the urban fabric that are open to the community” (Neducin et al. 2010, p. 296) rather than hidden and segregated from urban life. Therefore, hospitals that provide open space create an important extension of the existing urban landscape in the community (Neducin et al. 2010).

Management measures	SIA recommendations
<ul style="list-style-type: none"> ▪ Inclusion of a range of spaces for use by sick and injured children and their families, as well as RHC staff and visitors. ▪ Provision of a tree canopy which equates to 20.3% of the total site area. ▪ Inclusion of endemic plant species in the landscape design. 	<ul style="list-style-type: none"> ▪ Work with the local Aboriginal community and Indigenous user groups in the final stages of design for the Indigenous gathering space. ▪ Continue to engage children, families and staff in the detailed design of open spaces associated with the proposal. ▪ Implement a landscape maintenance schedule in the Hospital’s Operational Plan or Plan of Management.
Residual impact (considering management measures)	
Likelihood: Almost certain	Consequence: Moderate
<p>The inclusion of multiple open and public domain spaces will provide patients and families, staff and the broader community with areas for passive recreation and respite, as well as more structured activities such as children’s nature play. As shown by the research, there are positive benefits to open space provided in hospitals including improved clinical health outcomes, reduced stress for staff and enhanced recognition of a hospital as an extension of community life. Increase in open space and landscaping will likely have a high positive impact on the community.</p>	

9.5. CUMULATIVE CONSTRUCTION IMPACTS

Description of impact	Impacted groups
Incremental and combined impacts that can arise from construction activities of multiple projects being undertaken in the same place.	<ul style="list-style-type: none"> ▪ Randwick residents ▪ Local businesses ▪ UNSW staff and students
Current environment	
<p>The site is in an area that has experienced recent change, with several major education and infrastructure developments. This includes the construction of the Sydney CBD and South East Light Rail and the UNSW Biological Sciences Building, which both commenced construction in 2015.</p> <p>Construction has also started on the UNSW IASB development, with expected completion in 2022.</p> <p>Engagement with Randwick City Council identified other potential projects near the site including the investigation area for potential housing density uplift on the northern side of High Street and the Randwick Junction Town Centre upgrades.</p>	
Impact of the proposal	
<p>The SCH and CCCC are expected to open in late 2025. The final building in the RHC – the UNSW HTH – is expected to complete construction and commence operation the following year in 2026.</p> <p>Construction works have therefore been ongoing in this immediate area for the past six years, with construction works to continue for another five to six years. Other potential projects, such as the Randwick Town Centre redevelopment, have a potential 15 year timeline.</p> <p>Data from the 2016 ABS shows that approximately 41% of residents living in Randwick suburb were living at the same address as five years ago (2011). This is lower than Randwick LGA (44%) and Greater Sydney (53%). This suggests Randwick suburb has a more transient population, which may reduce cumulative construction impacts on residents.</p> <p>A Construction Management Plan has been prepared which outlines site management principles and traffic procedures. As outlined in that document, the general principle for construction works is to separate construction activity from the public and hospital staff. Where this is not possible traffic controllers will be used to manage interaction of construction vehicles with pedestrians.</p> <p>A Construction Communications Plan has also been prepared with engagement strategies for all stages of development. During the site establishment and main construction works multiple communications channels are proposed to ensure the community and other stakeholders understand how construction activities will affect them and know where they can provide feedback or complaints. Key stakeholders include the staff, patients and families from the SCHN and RHC, and staff and students at UNSW.</p>	
Management measures	SIA recommendations
<ul style="list-style-type: none"> ▪ Preparation of a Construction Management Plan with site management principles and traffic procedures detailed. ▪ Preparation of a Construction Communications Plan with the following engagement strategies: 	<ul style="list-style-type: none"> ▪ Use Council's community hub locations to distribute construction and project updates and reach communities across the LGA.

- i. 24/7 community information phone
- ii. Website with construction activities and responsible persons contact details
- iii. A web channel to provide feedback
- iv. Email managed during business hours as a third channel to provide feedback or lodge complaints
- v. Staff briefings and forums
- vi. Site signage to inform the community about who is responsible for construction activities
- vii. Construction notices sent to community stakeholders monthly and/or as required in advance of works.

Residual impact (considering management measures)

Likelihood: Likely

Consequence: Moderate

It is likely that the local community immediately surrounding the site will experience cumulative construction related impacts from the development of buildings within RCR and other development projects. It is likely that cumulative construction impacts will have a short to medium term negative impact on the local community. This can be managed through implementation of site management principles, construction traffic procedures and ongoing implementation of the comprehensive communications strategy for the RHC.

9.6. DEMAND FOR CAR PARKING

Description of impact	Impacted groups
Increase in demand for car parking spaces	<ul style="list-style-type: none"> Families of patients RHC staff and visitors
Current environment	
<p>There are approximately 2,300 on-campus car parking bays currently available to staff and the public.</p> <p>The Traffic and Transport Assessment found that parking occupancy surveys show consistently high occupancy rates of greater than 85% between 9:00am and 3:00pm, Monday to Thursday. The peak occupancy rates occurred during a three hour period from 11:00am to 2:00pm, with an average peak occupancy rate of 91% for the weekday. As outlined in the Traffic and Transport Assessment, parking occupancy of 85% represents practical capacity of a car park, where drivers have significant difficulty in locating parking spaces. This means that the existing car park is operating at maximum capacity during peak periods of a typical weekday.</p> <p>As identified through a staff and visitor survey undertaken by Arup, the majority of staff access the RHC as a driver or passenger, representing 55% of the mode share. In decreasing proportion of mode share for staff, other access methods are public transport (25%), walking (11%), car passenger (4%), cycling (3%) and ride share (2%). For visitors and outpatients, there is a higher proportion of car usage as 59% access the RHC as a driver, and 15% as a passenger. In decreasing proportion of mode share for visitors and outpatients, other access methods are public transport (17%) and walking (4%).</p>	
Impact of the proposal	
<p>A key focus of the proposal is to improve the transport experience for campus users, maximise existing car parking infrastructure and encourage a shift towards more sustainable modes of transport. As outlined in the Traffic and Transport Assessment, this strategy aligns with the broader strategic context of the Precinct and the current parking strategy for the IASB.</p> <p>The visitor and outpatient parking demand created by the proposal has been determined by Arup as an additional 60 bays by 2031 based on increased beds in the RHC. A new car park is proposed at Basement Level 2 of the new building, with 54 car parking spaces for visitors. No additional car parking is proposed for staff. However, the proposed solution has the potential to improve efficiencies of the existing RHC by increasing the operational capacity from 91% to 95% during peak periods.</p> <p>Research also shows that one of the most effective way of shifting the travel behaviour of staff commuting to work is to limit access to parking (Christiansen et al. 2017). Based on current and forecast staff headcounts for the RHC, Arup calculates that staff driver mode share across the campus of a range of 0-2.2% is required by 2031 to offset the increase in staff parking demand, in addition to improved efficiencies at the existing RHC car park. Without this mode shift, there will be pressure on car parking demand for staff.</p>	
Management measures	SIA recommendations
<ul style="list-style-type: none"> Preparation of a Transport Strategy to encourage staff to use more sustainable transport modes. This includes promotion of the rapid bus routes proposed as part of the South East Sydney Strategy when operational, and 	<ul style="list-style-type: none"> As recommended in the Traffic and Transport Assessment, amend the existing RHC green travel plan which was prepared to support the development of the IASB only.

<p>promotion of the existing CBD and South East Light Rail.</p> <ul style="list-style-type: none"> Investigation of proposed shared across Campus wide EoT facilities with bicycle parking spaces, showers, and lockers to encourage cycling and walking to work. 	<ul style="list-style-type: none"> Ongoing monitoring of car park activity.
Residual impact (considering management measures)	
Likelihood: Possible	Consequence: Moderate
<p>Car parking demand at RHC is already at capacity. Without any additional staff car parking and initially similar staff travel behaviour, there is likely to be a short-term negative impact on staff and visitors. Demand for parking may heighten feelings of frustration and disrupt or delay people's daily activities.</p> <p>However, the implementation of the Transport Strategy which intends to shift staff travel behaviour to choose more sustainable methods of transport and potential improved efficiencies of the existing car park, demand for parking is likely to have a neutral long-term social impact.</p>	

10. CONCLUSION

This SIA has been undertaken to assess the potential social impacts arising from the proposed development of SCH Stage 1/CCCC at the RHC

Based on the assessment in this report, the key social impacts of this proposal are:

- **Improved medical services for children:** The new SCH will deliver a larger hospital with an expanded emergency department, new short stay unit and expanded spaces for clinical services. The new and improved services will also better connect with surrounding health and education buildings, enabling efficiencies and streamlining of services. The delivery of the new SCH building will likely have a very high positive impact on the community, and in particular on children requiring medical care.
- **Enhanced research opportunities to improve models of care:** The delivery of Australia's first CCCC will be a place for world class medical research and innovation into the treatment and prevention of childhood cancer. The centre will be a significant addition to health infrastructure in Australia, as well as a key anchor in the establishment of the Randwick Health & Innovation Precinct. The delivery of the CCCC will likely have a very high positive impact on the community.
- **Increased job opportunities:** The development of SCH Stage 1/CCCC will result in increased job opportunities in the health sector, both in clinical and research roles. It is also likely that other key worker roles, such as cleaners and admin would be required to support the increase in floorspace and hospital staff. Increased jobs in health and education aligns with strategic goals to provide more jobs in the Randwick Health & Innovation Precinct. Increased job opportunities will likely have a high positive impact on the community.
- **Increase in open space and public domain areas:** The inclusion of multiple open and public domain spaces will provide patients and families, staff and the broader community with areas for passive recreation and respite, as well as more structured activities such as children's nature play. Increase in open space and landscaping will likely have a high positive impact on the community.
- **Cumulative construction impacts:** It is likely that the local community immediately surrounding the site will experience cumulative construction related impacts from the development of buildings within RCR and other development projects. It is likely that cumulative construction impacts will have a short to medium term negative impact on the local community. This can be managed through implementation of site management principles, construction traffic procedures and ongoing implementation of the comprehensive communications strategy for the RHC.
- **Demand for car parking:** Car parking demand at RHC is already at capacity. Without any additional staff car parking and initially similar staff travel behaviour, there is likely to be a short-term negative impact on staff and visitors. Demand for parking may heighten feelings of frustration and disrupt or delay people's daily activities. The implementation of the Transport Strategy, which intends to shift staff travel behaviour to choose more sustainable methods of transport and potential improved efficiencies of the existing parking, is likely to have a neutral long-term social impact.

Section 10.1 below contains recommendations to help further manage and improve the potential impacts arising from the proposal.

10.1. RECOMMENDATIONS

The following recommendations are provided to further manage the potential impacts from the proposal:

- Continue to communicate with the community, especially harder to reach lower socio-economic communities, during operation on the services provided at the SCH.
- Consider open days at the CCCC laboratories for patients, families, and the broader community to attend information and/or activity sessions to learn and interact with research.
- Implement the SCHN existing Indigenous Employment and Workforce Development Strategy which aims to increase the representation of Aboriginal employees to 2.6% across NSW Health.
- Prepare a workforce plan which outlines proposed staffing changes across SCH, and new roles.
- Develop relationships with local high schools to enhance knowledge of career opportunities in the health sector.

- Work with the local Aboriginal community in the final stages of design for the Indigenous gathering space.
- Continue to engage children, families and staff in the detailed design of open spaces associated with the proposal.
- Implement a landscape maintenance schedule in the Hospital's Operational Plan or Plan of Management.
- Use Council's community hub locations to distribute construction and project updates and reach communities across the LGA.
- As recommended in the Traffic and Transport Assessment, amend the existing RHC green travel plan which was prepared to support the development of the IASB only.
- Ongoing monitoring of car park activity.

10.2. OVERALL IMPACT ASSESSMENT

Based on this assessment and the recommendations provided, the delivery of SCH Stage 1/CCCC will likely have a very high impact on the community. It will provide a significant addition to the RHC and health infrastructure in Australia, as well as provide a place for important innovation and research into childhood cancer.

11. DISCLAIMER

This report is dated 22 April 2021 and incorporates information and events up to that date only and excludes any information arising, or event occurring, after that date which may affect the validity of Urbis Pty Ltd (**Urbis**) opinion in this report. Urbis prepared this report on the instructions, and for the benefit only, of Health Infrastructure NSW (**Instructing Party**) for the purpose of Social impact assessment (**Purpose**) and not for any other purpose or use. To the extent permitted by applicable law, Urbis expressly disclaims all liability, whether direct or indirect, to the Instructing Party which relies or purports to rely on this report for any purpose other than the Purpose, and to any other person which relies or purports to rely on this report for any purpose whatsoever (including the Purpose).

In preparing this report, Urbis was required to make judgements which may be affected by unforeseen future events, the likelihood and effects of which are not capable of precise assessment.

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This report has been prepared with due care and diligence by Urbis and the statements and opinions given by Urbis in this report are given in good faith and in the reasonable belief that they are correct and not misleading, subject to the limitations above.

Appendix A

POLICY REVIEW

STATE GOVERNMENT

Greater Sydney Commission – Eastern City District Plan (2018)

The Greater Sydney Commission's District Plans divide Greater Sydney into five districts which represent their common locality and planning opportunities. The site is located within the Eastern City District.

The Eastern City District Plan (2018) (the District Plan) is a 20-year plan to manage growth in the context of economic, social and environmental matters to achieve the 40-year vision for Greater Sydney. The District Plan is guided by four key themes that represent the planning priorities for each district, with ten directions to guide delivery.

The priorities relevant to this proposal are summarised below:

Key Planning Priorities	Relevance to proposal
E2 Working through collaboration	<ul style="list-style-type: none"> ▪ Collaboration Areas offer a new way of working to deliver improved planning outcomes that support growth and change in Greater Sydney. ▪ The Randwick Health & Innovation precinct has been identified as a Collaboration Area. The precinct aims to bring together Randwick City Council, University of NSW, Prince of Wales public and private hospitals, the Royal Hospital for Women and the Sydney Children's Hospital to plan and manage change.
E3 Providing services and social infrastructure to meet people's changing needs	<ul style="list-style-type: none"> ▪ Integrated and targeted delivery of services and infrastructure is needed to support growth and respond to differing needs of population groups in the Eastern City. ▪ The number of children four years and younger living in the Eastern City District is expected to increase by 20% by 2036. It is also projected that children and young people aged five to 19 living in the Eastern City District will grow by approximately 40% by 2036. ▪ Ensuring local health services and regional health infrastructure such as hospitals are accessible is important for people across the Eastern City.
E8 Growing and investing in health and education precincts and the Innovation Corridor	<ul style="list-style-type: none"> ▪ In 2016, 22,800 jobs were estimated in the Randwick Health & Innovation precinct. The job capacity is targeted to increase to 32,000 to 35,500 by 2036. ▪ The Randwick Health & Innovation precinct presents an opportunity to deliver significant economic benefits through the agglomeration of health, research and education services. ▪ The precinct is identified as having the potential to become an Innovation District in the Eastern City. ▪ Growing innovation, start-up and creative industries alongside the health and education sectors will create opportunities for a new generation of workers.
E10 Delivering integrated land use and transport planning and a 30-minute city	<ul style="list-style-type: none"> ▪ The 30-minute city will guide decision-making on locations for new transport, housing, jobs, education, health and other facilities.

Key Planning Priorities	Relevance to proposal
	<ul style="list-style-type: none"> ▪ The CBD and South East Light Rail extension will allow for greater accessibility to the Randwick Health and Innovation precinct and assist with creating a 30-minute city.
E11 Growing investment, business opportunities and jobs in strategic centres	<ul style="list-style-type: none"> ▪ Randwick is identified as a strategic centre in the Eastern City as the area contains significant health, research and education services. ▪ New health and tertiary education facilities, such as hospitals should be located within or directly adjacent this centre, and ideally co-located with supporting transport infrastructure.

Greater Sydney Commission – Randwick Place Strategy (2018)

The Randwick Place Strategy is designed to inform public and private policy and investment decisions by identifying and recognising the complex, place-specific issues inhibiting growth and change, bringing together multiple and diverse stakeholders, and identifying priorities for growth.

The vision for the Randwick Collaboration Area is “by 2036, Randwick has matured into an innovation district of engaging places, with a highly integrated university and health campus. Town centres, residential, employment, recreation and community areas are interconnected, allowing people to move, interact and share knowledge and ideas”.

The Strategy identifies that the UNSW Kensington Campus and the Randwick Hospitals’ Campus are the anchors for the health and education precinct. To ensure the vision outlined above is met, the precinct will mature into a globally recognised innovation district that creates new and engaging places for people to support social interactions and attract and retain knowledge workers.

The following priorities and associated actions identified in the Strategy are of relevance to the proposal.

- P1: Create an integrated and connected innovation district
 - A1: Complete the Randwick masterplan to progress the health and education precinct towards an innovation district that integrates UNSW Kensington Campus and the Randwick Hospitals’ Campus
- P8: Invest in Randwick Health & Innovation Precinct.

NSW Health – 20 Year Health Infrastructure Strategy (2020)

The 20 Year Health Infrastructure Strategy informs planning for infrastructure investment for our health districts, networks and services. The NSW Health vision is “a sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled”.

The Strategy outlines that built infrastructure plays a vital role in delivering health services, which is of relevance to the proposal. NSW Health identifies the need to ensure that both physical and digital health assets are fit for purpose and help improve health outcomes and experiences for the people of NSW.

Four principles guide the Strategy to shape the future health system in NSW, these include:

- The future patient is wellbeing focuses, tech enables and wants to direct their care
- The future workforce is highly skilled, digitally enabled and flexible, with a culture of leadership and innovation
- Future services will flourish within a market of innovative, networked providers who drive collaboration and sharing across the entire health system
- Future health infrastructure will be diverse, agile and sustainable.

LOCAL GOVERNMENT

Randwick City Council – Randwick City Plan (Community Strategic Plan) (2017)

The Randwick City Plan provides a 20 year strategic plan reflecting the community's vision and long term goals for the health and wellbeing of the community, economy and natural and built environment. Guiding principles have been developed based on the community's priorities for the LGA, the following are of relevance to the proposal including:

- Places for people – how the natural and built environment can enhance people's experience
- A prospering City – how local and regional economic development will be encouraged
 - Provide guidance to the specialised Hospital and university centre through working with institutions to develop strategic plans for the Hospital and University Precincts.

Key priorities that the LGA aims to achieve have also been outlined in the Plan, two of which are relevant to the proposal.

- Advocate for additional direct public transport infrastructure and services to service the growing University Hospital precinct and bike and pedestrian links
- Work in partnership with key state government agencies, UNSW and Randwick Hospitals complex to coordinate future planning and integration of infrastructure and services for the university hospital precinct.

Randwick City Council – Vision 2040: Local Strategic Planning Statement (2020)

Randwick City's Local Strategic Planning Statement (RCLSPS) provides a framework for land use planning and decision making over the next 20 years in the LGA. It sets out actions for the delivery of planning priorities to meet the community's future economic, social and environmental needs and aspirations.

The vision for the LGA is one where "the Randwick Collaboration Area will contain Australia's leading integrated university and health precinct, supporting research, innovation and economic growth". The principles of liveability, productivity, sustainability and infrastructure collaboration are designed to support achieving this vision.

Key planning priorities which further support the vision of Randwick City and are of relevance to the proposal include:

- Focus economic development, innovation and job growth in strategic centres
- A collaborative approach to guide and manage future growth in Randwick City.

The RCLSPS recognises the important location of the LGA within the Eastern Economic Corridor (which stretches from Macquarie Park to Sydney Airport and Port Botany) as it presents opportunities to grow job numbers, specifically relating to the health and education precinct and research and innovation sectors. It further identifies that in 2017/2018 13,583 people were employed in healthcare and social assistance and 11,872 people in education and training across the LGA.

Randwick City Council – Social Impact Assessment Guidelines for Assessing Development Applications (2006)

Randwick City Council have prepared Guidelines which inform the preparation of a SIA for relevant proposals. The Guidelines outline the specific information which should be contained within, including:

- Community/social profile
- Identification of the scope of assessment
- Formulation and examination of social impacts
- Description of overall net community benefit
- Community involvement and consultation
- Any monitoring required.