Social Impact Assessment

Bathurst Hospital Redevelopment

361-365 Howick Street, West Bathurst NSW

Submitted to NSW Department of Planning, Housing and Infrastructure on behalf of Health Infrastructure

Ethos Urban

Prepared by Ethos Urban

11 December 2024 | 2230219

“Gura Bulga’

Liz Belanjee Cameron

‘Gura Bulga’ – translates to Warm Green Country. Representing New South Wales.

By using the green and blue colours to represent NSW, this painting unites the contrasting landscapes. The use of green symbolises tranquillity and health. The colour cyan, a greenish-blue, sparks feelings of calmness and reminds us of the importance of nature, while various shades of blue hues denote emotions of new beginnings and growth. The use of emerald green in this image speaks of place as a fluid moving topography of rhythmical connection, echoed by densely layered patterning and symbolic shapes which project the hypnotic vibrations of the earth, waterways and skies.

Ethos Urban acknowledges the Traditional Custodians of Country throughout Australia and recognises their continuing connection to land, waters and culture.

We acknowledge the Gadigal people, of the Eora Nation, the Traditional Custodians of the land where this document was prepared, and all peoples and nations from lands affected.

We pay our respects to their Elders past, present and emerging.

In supporting the Uluru Statement from the heart, we walk with Aboriginal and Torres Strait Islander people in a movement of the Australian people for a better future.

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This document has been prepared by:		**This document has been reviewed by:**	
Kate McClure, Jayden Price	27/11/2024	Erin Henshaw-Hill	27/11/2024

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Contents

1.0 Introduction

This Social Impact Assessment has been prepared by Ethos Urban on behalf of Health Infrastructure for the redevelopment of the Bathurst Hospital at 361-365 Howick Street, Bathurst.

The site is located at 361-365 Howick Street, Bathurst, in the Bathurst Local Government Area. It is occupied by Bathurst Health Service, a Level C referral facility in the Western NSW Local Health District.

This report accompanies a State Significant Development Application that seeks approval for the construction and operation of a new-build expansion, refurbishment and repurposing works to the existing Bathurst Health Service main hospital building. Proposed works will include:

- A new-build, three-storey health services building expansion (including 1 plant level) to include overnight inpatient accommodation and non-admitted care services and a new hospital front-of house and entrance
- A new-build, two-storey expansion to the Emergency department and Operating Theatres (plus 1 plant level)
- A new-build, single-storey expansion to the existing Cancer Service building – Daffodil Cottage
- Refurbishment and repurposing to areas of the existing hospital
- Site establishment, demolition of some existing structure, cut and fill and remediation works
- Vehicular circulation and car parking improvements
- Tree removal
- Landscape works
- Alteration and amplification of existing hospital plant and services infrastructure

For a detailed project description, refer to the Environmental Impact Statement prepared by Ethos Urban.

1.1 Approach

The SIA has been prepared in accordance with the following documents:

- NSW's Department of Planning, Housing and Infrastructure (DPHI Social Impact Assessment Guideline for State Significant Projects as updated in February 2023 ('the SIA Guideline').
- *Technical Supplement – SIA Guideline February 2023*.

The report has regard to relevant federal, state and local policy frameworks and strategic drivers, in particular the SIA Guideline.

The SIA draws on the analysis of the current and forecast social conditions of the defined study area/s, along with details of the proposed development, to assess its likely social impacts. It also draws on the outcomes of community consultation that has been specially undertaken to inform the SIA.

The purpose of this report is to analyse the potential social impacts that may arise from the development, during construction and operational phases. It subsequently recommends appropriate social mitigation and benefits optimisation measures.

1.1.1 Assessment Structure

The stages in the preparation of the SIA are shown in **Table 1**.

Table 1 Assessment Structure

Element	Location
Methodology	**Section 2.0**
Overview of site context and proposed development	**Section 3.0**
Review of relevant policy context at local, state and federal level	**Section 4.0**
Social baseline analysis of the existing socio-economic environment, involving: • Social locality definition • Demographic analysis, including current and forecast characteristics • Mapping of current social infrastructure	**Section 5.0**

Element	Location
Analysis of findings of stakeholder and community consultation undertaken identify community and stakeholder values, concerns, and aspirations	**Section 6.0**
Assessment of Social Impacts • Scoping of social impacts during and post-construction, including directly affected groups • Summary of which impacts were considered material for full assessment in this SIA • Appraisal of the social significance of each materially significant impact, by stakeholder group, including the identification of any mitigation or enhancement strategies.	**Section 7.0**
Concluding comments	**Section 8.0**

1.2 SEARs reporting

The SIA has been prepared in response to the SEARs issued for the project on 21 November 2023 for SSD-64733959.

Item	SEARS Requirement	Relevant Section of this Report
21.0	***Social Impact*** *Provide a social impact assessment prepared in accordance with the Social Impact Assessment Guidelines for State Significant Projects*	*This report in its entirety addresses the SEARS requirement*

1.3 Qualifications of report authors

The SIA Guideline requires authors are 'suitably qualified persons' who hold appropriate qualifications and have relevant experience in social science or related areas. The lead author's qualifications, experience and demonstrated understanding of social impacts is outlined below.

Name of Technical Reviewer: Erin Henshaw-Hill

Date the SIA was completed: 11 December 2024

I confirm the SIA contains all relevant information, and understand my legal and ethical obligations, and that none of the information in the SIA is false or misleading.

Signed: 

Name of Lead Author: Kate McClure

Date the SIA was completed: 11 December 2024

I confirm the SIA contains all relevant information, and understand my legal and ethical obligations, and that none of the information in the SIA is false or misleading.

Signed: 

Table 2 SIA Authors' Qualifications

Author	Expertise/Qualifications
Erin Henshaw-Hill Associate Director, Social Strategy	*BA, MURP* Erin has over 10 years of experience in social planning in both the private and public sectors. with expertise in social strategy, policy, and planning.
Madeleine Beart Associate Director, Social Strategy and Engagement	*BArch, MUP* Madeleine has over 13 years' experience social planning, social sustainability and stakeholder engagement in both the private and public sectors. Member of Social Impact Measurement Network Australia (SIMNA) and Committee Member of the Victorian Organising Committee of SIMNA. Accredited Advanced Social Value Practitioner (Level 3) through Social Value International.
Kate McClure Principal, Social Strategy and Engagement	*BA (Hons), MUP* Kate has 10 years' experience across social sustainability, community infrastructure and planning. Kate is a member of the Planning Institute Australia.
Jayden Price Urbanist, Social Strategy and Engagement	*BPlan, MUMP* Jayden has over a years' experience in social research and analysis, on issues such as policy drivers for new development, identifying social sustainability outcomes and opportunities and social impacts of new infrastructure.

2.0 Methodology

The assessment of social impacts in this report has been prepared in accordance with the SIA Guideline. SIA involves the analysis of social changes and impacts on communities that are likely to occur as a result of a particular development, planning scheme, or government policy decision.

This methodology is designed to ensure that the social environment of communities is considered as part of project decision-making. Social impacts vary in their nature and can be positive or negative, tangible or intangible, physically observable, or psychological (fears and aspirations). Social impacts can be quantifiable, partly quantifiable or qualitative. They can also be experienced or perceived differently by different people and groups within a community, or over time.

Ultimately, there can be two main types of social impacts (both positive and negative) that may arise as a result of the proposed development. First, direct impacts can be caused by the proposal which may cause changes to the existing community, as measured using social indicators, such as population, health and employment. Secondly, indirect impacts that are generally less tangible and more commonly related to matters such as community values, identity and sense of place. Both physically observable as well as psychological impacts need to be considered.

2.1 Assessment objectives

This SIA seeks to identify how people will be impacted by the proposal, through:

- Identifying, analysing and assessing any likely social impacts, whether positive or negative, that people may experience at any stage of the proposal lifecycle, as a result of the proposal
- Investigating whether any group in the community may disproportionately benefit or experience negative impacts and proposing commensurate responses consistent with socially equitable outcomes
- Developing social impact mitigation and enhancement options for any identified significant social impacts.

2.2 Social Factors for Assessment

The SIA Guideline classifies social impacts using a suite of social factors, which forms the core basis of this assessment:

Way of life: how people live, get around, work, play and interact with one another each day

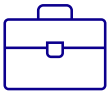
Community: its composition, cohesion, character, how it functions, resilience, and people's sense of place

Accessibility: how people access and use infrastructure, services and facilities (private, public, or not-for-profit)

Culture: both Aboriginal and non-Aboriginal - people's shared beliefs, customs, practices, obligations, values and stories, and connections to Country, land, waterways, places and buildings

Health and wellbeing: people's physical, mental, social and spiritual wellbeing – especially for people vulnerable to social exclusion or substantial change, psychological stress (from financial or other pressures), access to open space and effects on public health

Surroundings: access to and use of natural and built environment, including ecosystem services (shade, pollution control, erosion control), public safety and security, as well as aesthetic value and amenity



Livelihoods: including people's capacity to sustain themselves through employment or business

Decision-making systems: the extent to which people can have a say in decisions that affect their lives, and have access to complaint, remedy and grievance mechanisms.

2.3 Social Significance Rating Approach

The assessment includes an assessment of the **social significance** of each impact across the suite of factors, including the **likelihood** of each identified impact, along with the envisaged **duration, extent, and potential to mitigate/ enhance**.

Magnitude of impact generally considers the following dimensions:

- Extent – Who specifically is expected to be affected (directly, indirectly, and/or cumulatively), including any vulnerable people? Which location(s) and people are affected? (e.g., near neighbours, local, regional, future generations)?
- Duration – When is the social impact expected to occur? Will it be time-limited (e.g., over particular proposal phases) or permanent?
- Severity or scale – What is the likely scale or degree of change? (e.g., mild, moderate, severe)?
- Intensity or importance – How sensitive/vulnerable (or how adaptable/resilient) are affected people to the impact, or (for positive impacts) how important is it to them? This might depend on the value they attach to the matter; whether it is rare/unique or replaceable; the extent to which it is tied to their identity; and their capacity to cope with or adapt to change?
- Level of concern/interest – How concerned/interested are people? Sometimes, concerns may be disproportionate to findings from technical assessments of likelihood, duration and/or intensity.

The scales of magnitude and likelihood are outlined in **Table 13** and **Table 14**, respectively.

Each impact has ultimately been assessed and assigned an overall **significance rating**, which considers both the **likelihood** of the impact occurring and the **consequences** should the impact occur. The assessment also sets out recommended **mitigation, management, and monitoring measures** for the identified impacts.

The social impact significance matrix specified in the SIA Guideline has been adapted for the purposes of undertaking this social impact assessment (**Table 15**).

Table 3 Defining magnitude levels for social impacts

Magnitude level	Meaning
Transformational	Substantial change experienced in community wellbeing, livelihood, infrastructure, services, health, and/or heritage values; permanent displacement or addition of at least 20% of a community.
Major	Substantial deterioration/improvement to something that people value highly, either lasting for an indefinite time, or affecting many people in a widespread area.
Moderate	Noticeable deterioration/ improvement to something that people value highly, either lasting for an extensive time, or affecting a group of people.
Minor	Mild deterioration/ improvement, for a reasonably short time, for a small number of people who are generally adaptable and not vulnerable.
Minimal	Little noticeable change experienced by people in the locality.

Source: NSW DPE, 2023 Technical Supplement - Social Impact Assessment Guideline for State Significant Projects

Table 4 Defining likelihood levels of social impacts

Likelihood level	Meaning
Almost certain	Definite or almost definitely expected (e.g. has happened on similar projects)
Likely	High probability
Possible	Medium probability
Unlikely	Low probability
Very unlikely	Improbable or remote probability

Source: NSW DPE, 2023, Technical Supplement - Social Impact Assessment Guideline for State Significant Projects.

Table 5 Social impact significance matrix

Likelihood	Magnitude				
	Minimal	Minor	Moderate	Major	Transformational
Very unlikely	Low	Low	Low	Medium	Medium
Unlikely	Low	Low	Medium	Medium	High
Possible	Low	Medium	Medium	High	High
Likely	Low	Medium	High	High	Very high
Almost certain	Low	Medium	High	Very high	Very high

Source: NSW DPE, 2023, Technical Supplement - Social Impact Assessment Guideline for State Significant Projects.

2.4 Information Sources

Following are the key data sources and policy documents used to prepare this SIA (ordered by title):

- Department of Planning, Housing and Infrastructure (DPHI) Social Impact Assessment Guideline for State Significant Projects as updated in February 2023 ('the SIA Guideline') and *Technical Supplement (2023)*

Technical reports used to inform the SIA include:

- Acoustic Report (Stantec)
- Architectural Drawings (Billard Leece Partnership)
- Bathurst Hospital Site Redevelopment Final Scope Table (TSA Riley)
- Connecting with Country Strategy (Billard Leece Partnership)
- Consultation Outcomes Report (Health Infrastructure)
- Preliminary Construction Impact Management Plan (TSA Riley)
- Preliminary Construction Transport Management Plan (TTW)

2.5 Assumptions

Assumptions applied to complete this SIA include:

- The key findings of the background studies and technical reports are accurate.
- Socio-economic data for each study area accurately reflects the community demographic profile.
- Outcomes of the community consultation and engagement undertaken to date accurately reflect community views.
- All potential social impacts to the local community and special interest groups that can reasonably be identified have been included in this report.

3.0 Site Context and Proposed Development

3.1 Subject site

Bathurst Hospital (the site) is located at 361-365 Howick Street, West Bathurst within the Bathurst Regional Council Local Government Area and on Wiradjuri Country. The site is located approximately 1.5km north of the Bathurst Central Business District and approximately 200km from Sydney. The site is legally described as Lot 100 in DP1126063 and is approximately 41327m^2.

The site is located surrounded by a variety of land uses which range from general and low-density residential properties, public recreation and primary production small lots. The site is also located approximately 500m from the Macquarie River.

A context map is provided at **Figure 1** and an aerial site image is provided at **Figure 2** below.

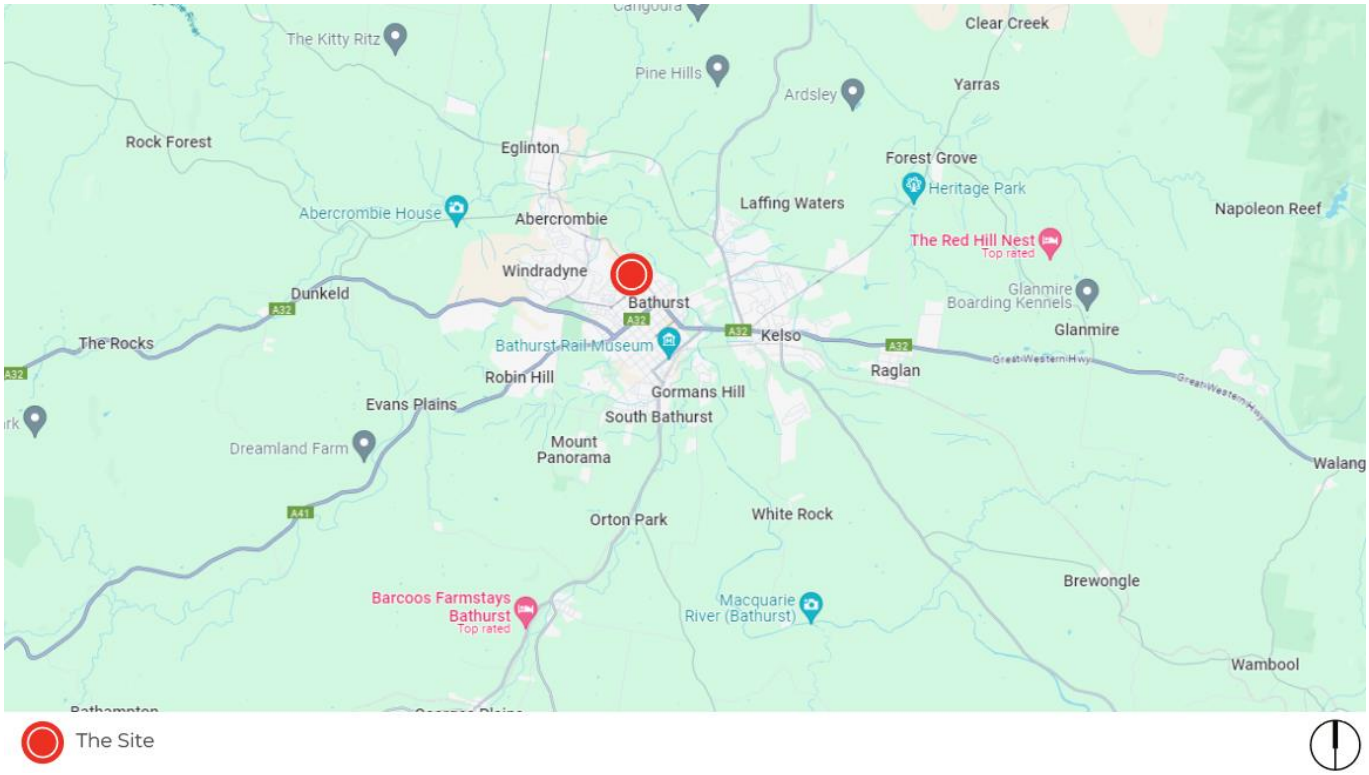


Figure 1 Regional Context Map

Source: Google Maps, Ethos Urban

Figure 2 Aerial Site Image

Source: Nearmap, Ethos Urban

3.2 Existing development

The development on the site currently comprises of the existing Bathurst Hospital, which is a Level C referral facility with 100 beds and 6 buildings ranging from 1 to 3 storeys. Bathurst Hospital currently provides a range of health and medical services including coronary care, emergency medicine, intensive care, mental health, drug and alcohol support, obstetrics and gynaecology, oncology, paediatrics, pathology, radiology, rehabilitation and surgery services. The Bathurst Hospital provides its services to the surrounding towns as well as being a location for student clinical placements and education.

A general arrangement plan of the existing site is shown at **Figure 3** below. Additionally, photos of the existing development are shown in **Figures 4-11** below.

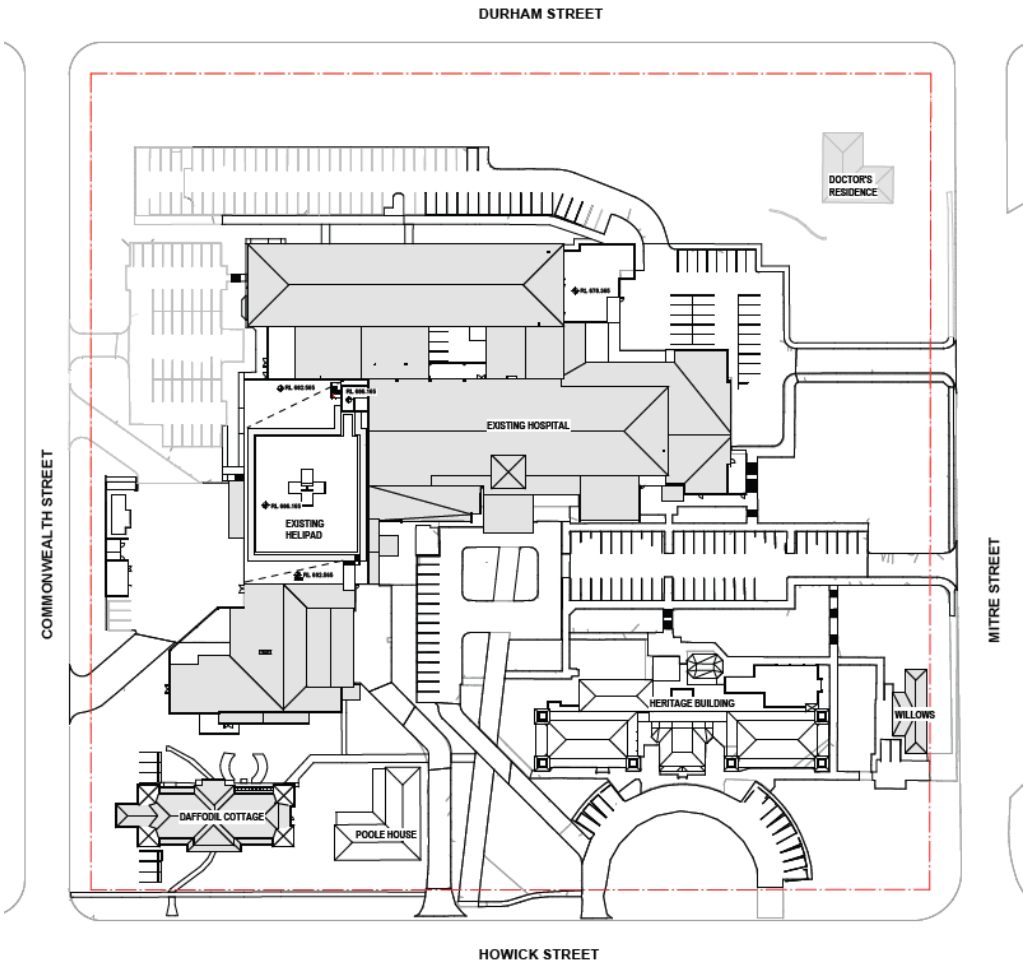


Figure 3 Existing Site Context Plan for Bathurst Hospital

Source: Billard Leece Partnership

Figure 4 Existing Hospital

Source: Ethos Urban

Figure 5 Daffodil Cottage

Source: Ethos Urban

Figure 6 Existing Hospital

Source: Ethos Urban

Figure 7 Heritage Building

Source: Ethos Urban

Figure 8 Existing Hospital from Commonwealth Street

Source: Ethos Urban

Figure 9 Heritage Building from Howick Street

Source: Ethos Urban

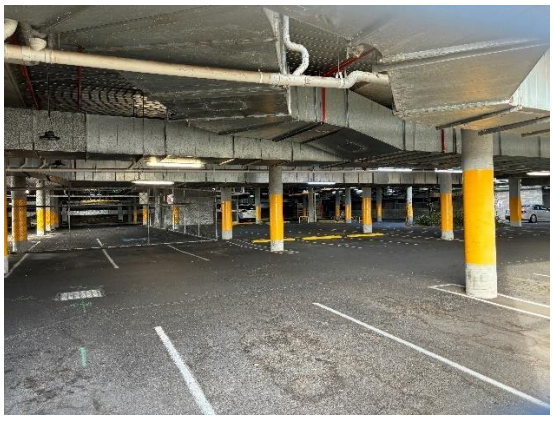


Figure 10 Carpark under Existing Hospital

Source: Ethos Urban

Figure 11 Existing Hospital from corner of the site at Commonwealth and Durham Street

Source: Ethos Urban

3.3 Surrounding context

The area surrounding the site predominantly consists of the following:

- **Northeast**: The site is bounded by Durham Street beyond which is low density residential housing which is predominantly single and double storey dwellings. Beyond the low density residential is a variety of land uses including the Bathurst Ambulance Station and a mix of private recreation facilities such as Bathurst PCYC, a physiotherapy centre and a bowling centre. There is also primary production small lot land.

- **Northwest**: The site is bounded by Commonwealth Street beyond which is general and low-density residential properties which are mainly single and double storey dwellings. Beyond residential properties to the northwest are primary production small lot land and a general industrial zone that comprises of the Esrom Street Storage location, Dunbar Scaffold and Simplot food manufacturer.
- **Southeast**: The site is bounded by Mitre Street beyond which is Victoria Park and Bathurst Adventure Playground. Adjacent to Victoria Park is Bathurst Netball Association and Bathurst Tennis Courts. Past Victoria Park is general residential properties which are mainly single and double storey dwellings.
- **Southwest**: The site is bounded by Howick Street beyond which is general residential properties that are primarily single and double storey dwellings. There is a small memorial park located along Commonwealth Street and adjacent to the residential properties.

3.4 Development objectives

The Bathurst Hospital Redevelopment will ensure the local community and wider Central West region will have access to high quality care now and well into the future.

The NSW Government has committed $200 million to the Bathurst Hospital Redevelopment. The redevelopment is in addition to the NSW Government's support for the purchase and construction of a new MRI, at a cost of over $4 million, which has been completed at Bathurst Hospital.

The project will:

- Redevelop the existing hospital to provide patients, carers and visitors with modern health facilities which can offer first-class care as close to home as possible.
- Expand clinical services.
- Improve the experience of hospital for patient, carers and visitors.
- Grow Bathurst as a major health hub for surrounding communities including Blayney, Oberon and Rylstone.
- Help attract and retain valuable healthcare staff by delivering fit for purpose, contemporary working environments.
- Boost the local economy through construction and health jobs, and business opportunities.

The project is expected to include:

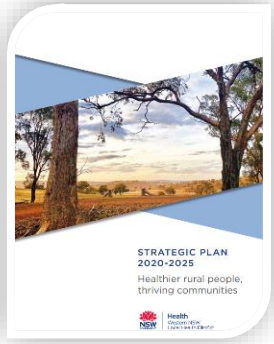
- A mix of new and refurbished areas.
- An expanded emergency department and maternity unit.
- A new mental health inpatient unit (Panorama Clinic).
- Improvements to inpatient, outpatient and community health services, operating theatres, and a new integrated paediatrics zone.
- Cancer care service at the Daffodil Cottage will also be expanded as part of the redevelopment.

4.0 Strategic Policy Context

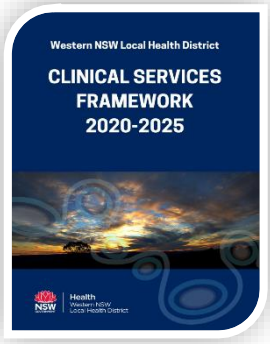
This proposal aligns with the following strategic policy drivers at a local, state, and federal level:

- Advocating for better health outcomes across the Western NSW Local Health District and Bathurst LGA.
- Supporting liveability, community health and wellbeing in Bathurst LGA.
- Improving staff and consumer experience in healthcare.
- Providing better access to health services and facilities, particularly to support an older population, and Aboriginal people.

The following section identifies the key policy drivers for this development, based on a review of the key federal, state and local policies and strategies. The following key documents have been reviewed:

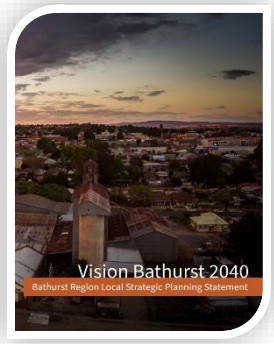


Western NSW Local Health District (WNSWLHD) Strategic Plan 2020-2025, *NSW Health, 2020*

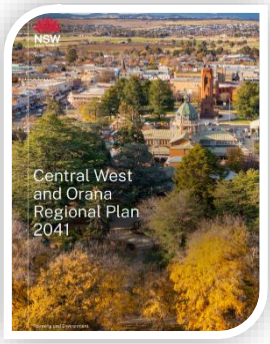


Western NSW Local Health District (WNSWLHD) Clinical Services Framework, *NSW Health, 2020*

Our Region, Our Future: Bathurst Community Strategic Plan (CSP) 2022, *Bathurst Regional Council, 2022*

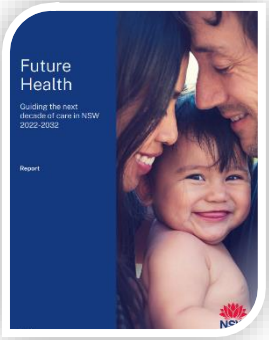


Vision Bathurst 2040: Bathurst Region Local Strategic Planning Statement (LSPS), *Bathurst Regional Council, 2020*



Central West and Orana Regional Plan 2041, *NSW Department of Planning and Environment, 2022*

Safety and Quality Account 2021-2022, *NSW Health, 2022*



Future Health: Guiding the next decade of care in NSW 2022-2032, *NSW Health, 2022*

Building Momentum: State Infrastructure Strategy 2018-2038, *Infrastructure NSW, 2018*

Staying Ahead: State Infrastructure Strategy 2022-2042, *Infrastructure NSW, 2022*

Table 6 Strategic policy drivers

Policy theme	Key implications for impact assessment	Source
Delivering better health outcomes for WNSWLHD	• Goals identified in the strategic plan include: - Improved health and wellbeing for our people. - Meaningful gains in Aboriginal health. - World-class rural health care. - One service across many places. • Tangible outcomes identified in the plan include: - Reducing the mortality rate (20% higher than NSW), avoidable death rate (48% higher than NSW), and hospitalisation rate (43% higher than NSW) in WNSWLHD. - Providing health care as close to home as possible, provide more early intervention tactics, and provision non-hospital alternatives for care to reduce the need for people to go to hospital. - Providing more health services for vulnerable groups including older people and Aboriginal people. - Provision of safe and high-quality services that is human-centered care and driven by community and population health needs. - Embracing new technologies to improve service delivery, safety, health literacy, and the support and coordination of care. - Services delivered by skilled, experienced, and competent staff. • Priorities of clinical services include (WNSWLHD Clinical Services Framework, p.3): - Improve the health and wellbeing of our communities - Plan and build services that address population health needs - Expand outpatient and community care - A coordinated, networked approach to care - Research and continuous innovation - Integrate and expand virtual health care.	• WNSWLHD Strategic Plan 2020-2025 (NSW Health, 2020) • WNSWLHD Clinical Services Framework 2020-2025 (NSW Health, 2020)
The role of health infrastructure in supporting improved wellbeing	• The six strategic outcomes identified in the Future Health strategy highlight the importance of health infrastructure to support improved wellbeing. These include (Future Health, p.10): - Patients and carers have positive experiences and outcomes that matter - Safe care is delivered across all settings - People are healthy and well - Our staff are engaged and well supported - Research and innovation, and digital advances inform service delivery - The health system is managed sustainably.	• Staying Ahead: State Infrastructure Strategy 2022-2042 (Infrastructure NSW, 2022) • Future Health: Guiding the next decade of care in NSW 2022-2032 (NSW Health, 2022)

Policy theme	Key implications for impact assessment	Source
	• There needs to be further investment in "keeping people healthy to prevent ill health and tackle health inequality in our communities" (Future Health, p.13). • Care will be given a personalised touch through working with the patient to understand their unique needs. This helps build trust and improve a person's wellbeing. • There should be special consideration for Aboriginal and Torres Strait Islander people, and people from diverse backgrounds. • Promoting equitable access to health is essential. This includes looking at a broader definition of health infrastructure, including hospitals, medical centres, active transport and open space, and their role in improving a person's wellbeing. • Providing public open space is important to help support community physical and mental health and wellbeing.	
Supporting liveability, community health, and wellbeing in Bathurst LGA	• The CSP acknowledges inadequate access to a doctor can impact individual and community wellbeing. Therefore, Council will ensure local infrastructure and facilities are adequately planned for in new developments. • Council will continue to advocate for future health care services, such as the new Integrated Medical Centre in Bathurst CBD. Furthermore, Council will advocate for the establishment of a health precinct in Bathurst that includes hospitals, aged care, and health-related education. It will be important to identify competing land uses and development pressures within the precinct. • Council will continue to provide and maintain parks, open space, and community facilities to promote social and health wellbeing in other forms rather than solely rely on medical facilities. This includes improving transport linkages between health services and health-related education precinct and existing and future services. • There is a growing need to provide specific health care services and facilities for demographic groups including older people, those with disability, and migrant communities. This is highlighted with 5% of the Bathurst LGA population need assistance due to age or disability. • Identified community challenges included the need for Bathurst Hospital to provide quality local health care, the need for adequate health care services, including aged care, and access to specialist services. • Council will look to collaborate with Council the NSW Government, Charles Stuart University, and Council to identify and convert opportunities for economic development in the health, health-related education, or allied health sectors.	• Bathurst CSP (Bathurst Regional Council, 2022) • Bathurst LSPS (Bathurst Regional Council, 2020)
A strong, resilient, and supported workforce	• Staff wellbeing needs to be supported, with the plan aiming for "staff to be supported to deliver safe, reliable person-centred care driving the best outcomes and experiences" (Future Health, p.13). • It is essential to engage with those in professional health roles and responsibilities to create strategies to protect and enhance community health. Increasing funding is also important, helping to increase workforce. This will improve current workforce mental health and wellbeing through lower workloads, and a less stressful environment. • Of Bathurst LGA's working population, the top industry people work in is health care and assistance (13.4%). 15,618 people are employed in this industry within the Central West and Orana Region. • A priority for WNSWLHD is a strong and sustainable workforce and a great place to work through: - Ensuring an agile, capable, and diverse workforce, now and in the future - Ensuring a culture that empowers staff and improves performance - Ensuring safe workplaces with a focus on wellbeing.	• Future Health: Guiding the next decade of care in NSW 2022-2032 (NSW Health, 2022) • Bathurst LSPS (Bathurst Regional Council, 2020) • Quality and Safety Framework WNSWLHD (NSW Health, 2022)
Supporting population growth and change with investment in infrastructure	• Over the next 20 years it is expected that demand for healthcare will grow by over 50% in NSW, compared to a population growth of 28%. This is largely due to the increase in 70–84-year-olds who are the predominant users of healthcare services. The state requires "disruptive innovation" in healthcare to cope with increasing demand and deliver long-term solutions for population health (State Infrastructure Strategy, p.168).	• Bathurst CSP (Bathurst Regional Council, 2022) • Bathurst LSPS (Bathurst Regional Council, 2020) • Building Momentum: State Infrastructure

Policy theme	Key implications for impact assessment	Source
	• WNSLHD is expected to grow to 297,559 by 2036, with a 58% increase in population aged 70 years and older, and 6% decrease in population aged 0-14 years. • A community identified challenge in Bathurst was the need for adequate health care facilities, particularly in response to a growing population. Therefore, Council will ensure that provision of infrastructure and community facilities are adequate to serve current and future population. • There is an indication the rate of LGA residents aged 60 years and over is expected to proportionally increase by 36.4% between 2013-2036, presenting a growing need for further aged care services and facilities to promote ageing in place. • An objective in the Central West and Orana Regional Plan is to strengthen Bathurst as an innovative and progressive regional city. This will include preparing and implementing a precinct-based masterplan for health that considers opportunities for co-location and integration with the broader city.	Strategy 2018-2038 (Infrastructure NSW, 2018) • Central West and Orana Regional Plan (NSW DPE, 2022)

5.0 Social locality and baseline

This section provides an overview of the subject site and its current social context, in relation to a defined social locality or 'area/s of social influence,' reflecting geographies of primary and secondary social impact. The baseline analysis assesses the existing social characteristics of the community within the identified study area/s to better understand the potential community characteristics and specific communities that may experience impacts as a result of construction and operation of the proposal.

It describes the following:

- **Community profiles** – key demographic characteristics including age, income, employment, cultural and linguistic diversity, household structure, relative levels of advantage and disadvantage, and transport and access, including journey to work travel patterns.
- **Community assets** – both tangible (social infrastructure) and intangible (human and social capital, community cohesion, community values and connection to place).

5.1 Social locality definition: area/s of social influence

For the purposes of the SIA, social localities have been defined, taking into consideration the need to factor in both local social impacts and those likely to occur on a broader scale. The areas of social influence have been determined for the proposal based on the consideration of:

- The construction activities and operational uses of the proposal.
- The likely scale and extent of potential direct and indirect impacts and benefits of the proposal on the social factors identified in the SIA Guideline. This includes indirect impacts that are generally less tangible and more commonly relate to matters such as community values, identity and sense of connection to place.
- Cumulative impacts that may impact affected communities as a result of other transport, construction and major urban renewal processes underway within or proximate to the corridor or localities.
- The potentially affected built or natural features that have social value or importance located on or near the construction sites, and the social characteristics of the areas likely to be affected by the proposal, as informed by the social baseline study and other technical assessments that inform the EIS.
- The community and stakeholder groups that would be most likely affected by the direct and indirect impacts, based on stakeholder and community engagement activities, and other available information sources.

Based on the above, this assessment has considered the following 'areas of social influence' as shown in **Table 7**.

Table 7 Social locality definition

Study Area	Relevance to SIA	Definition in this SIA
Social locality – primary (PSL)	• Likely to be localised social impacts relating to the immediate surrounds of the site, for example impacts associated with the construction of new buildings (i.e., amenity values, access, noise, air quality) • Longer term impacts such as potential noise, light, traffic and/or increased activity in the area may occur within the close proximity to the proposed development	The primary social locality has been determined by **statistical areas level 1 (SA1) from an approximate 500m boundary around the site**. This is believed to best represent those that will experience social impacts mostly during the construction phase.
Social locality – secondary (SSL)	• Understand the broader impacts and benefits that the proposed development will likely have on the surrounding community	The secondary social locality incorporates the **entire Bathurst Regional Council**. This is believed to best represent those that will experience the benefits of the new hospital.

These social localities are shown over the page in **Figure 12** and **Figure 13**. A social locality map that identifies the type of land uses that surround the site is shown in **Figure 14**.

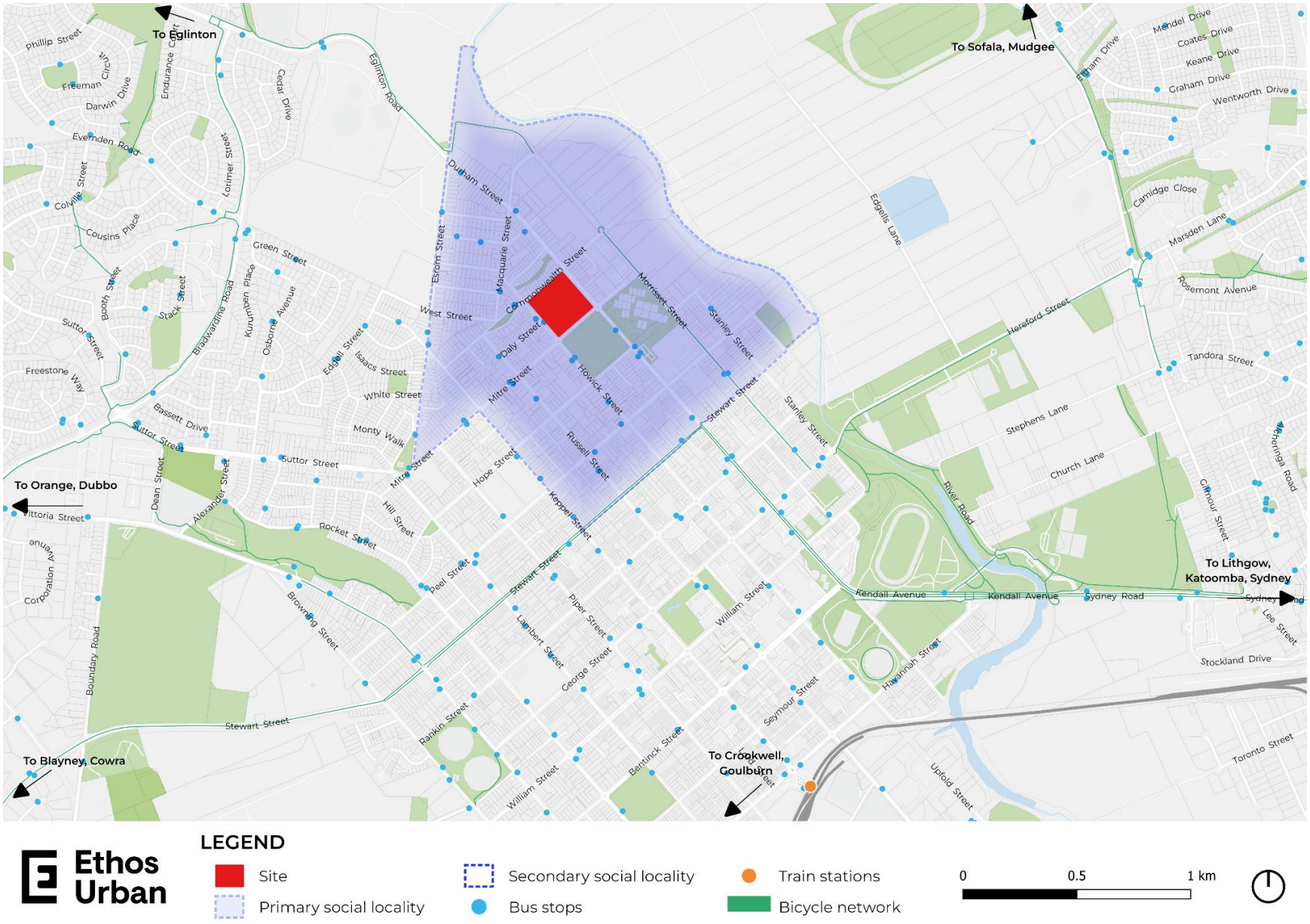


Figure 12 Study area map – primary social locality

Source: Ethos Urban

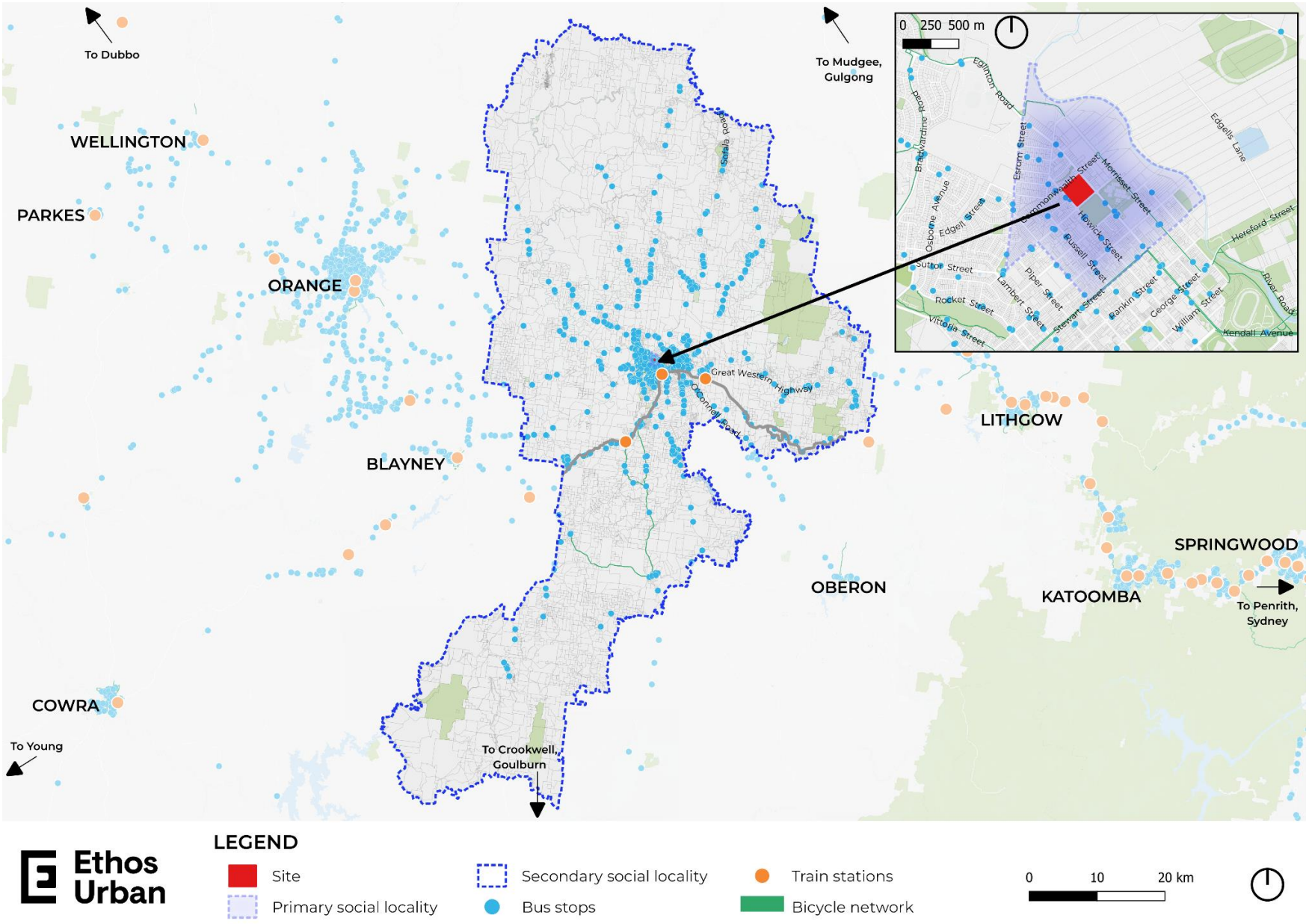


Figure 13 Study area map – secondary social locality

Source: Ethos Urban

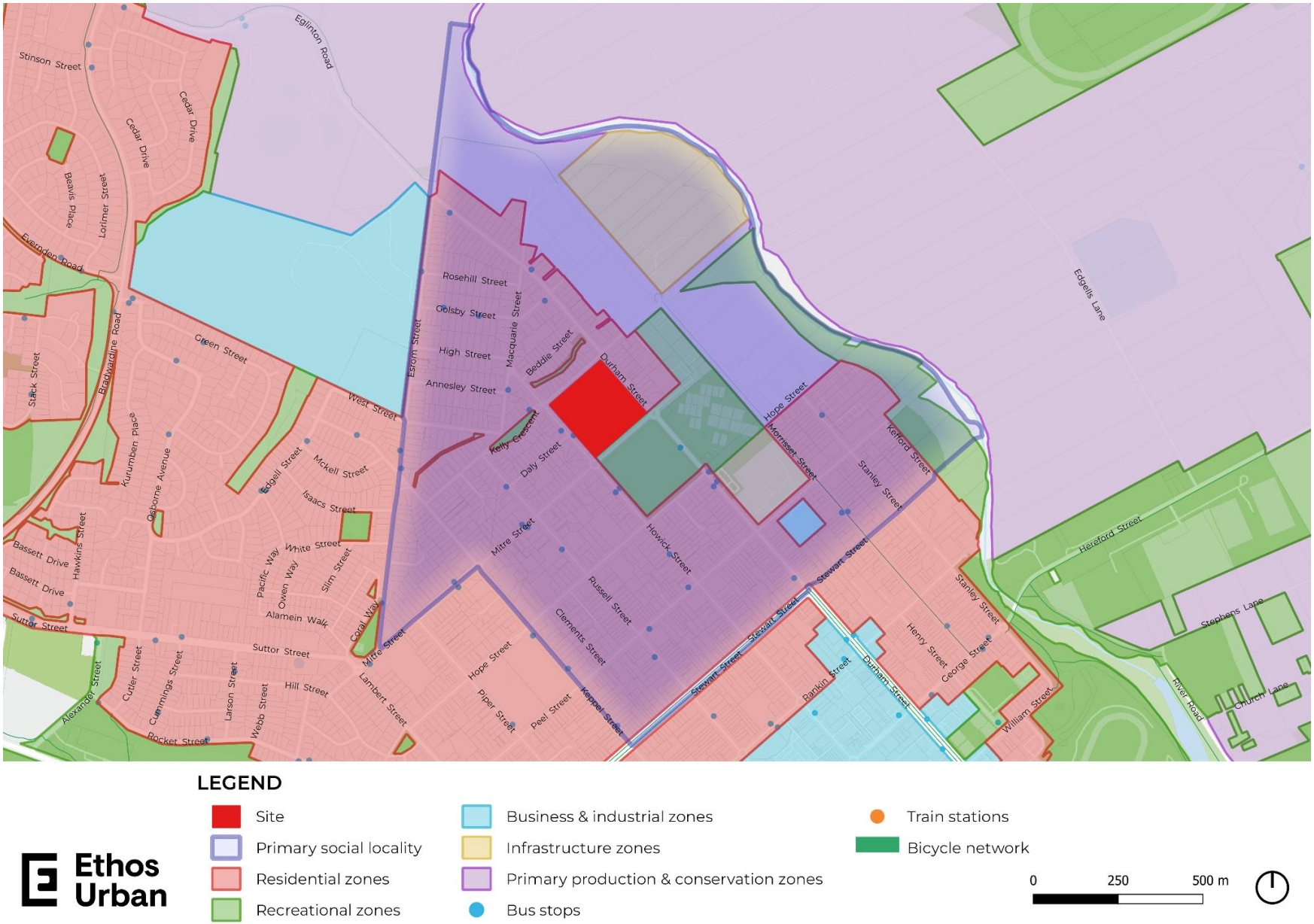


Figure 14 Social locality map – with zoning and public transport

Source: Ethos Urban

5.2 Demographic profile

Based on *2021 ABS Census of Population and Housing* data[1], an overview of the demographic profile of the identified study areas – Primary Social Locality (PSL) and Secondary Social Locality (SSL) (**Section 5.1**) is compared to the Regional NSW benchmarks.

Key findings in relation to relevant social indicators are highlighted below with detailed demographic tables available in **Table 8**, and additional demographic data in **Appendix A**.

Table 8 Demographics profile

	Key findings
Population	**The PSL had a population of 2,422, while the SSL had a population of 43,567.**
First Nations	**A slightly higher proportion of the PSL and SSL populations identified as Aboriginal and/or Torres Strait Islander than Regional NSW.** • The PSL (7.3%) and SSL (7.6%) had a higher population of Aboriginal and Torres Strait Islanders than Regional NSW (7.0%).
Age structure	**The PSL had an older population than the SSL and Regional NSW.** • Median age in the PSL was slightly older (43.2 years) than Regional NSW (42.2 years), while the SSL was younger (38.8 years). • The largest age group in the PSL was 70-84 years (17.6%), compared to 35-49 years in the SSL and Regional NSW (17.9% and 17.5% respectively).
Education	**Year 12 attainment in the PSL was similar to the SSL and Regional NSW.** • Over half the PSL and SSL population had completed Year 12 (54.1% and 52.9% respectively), slightly higher than Regional NSW (48.4%).
Median income	**The PSL had a lower median household income and higher proportion of low-income households than the SSL and Regional NSW.** • Median household income in the PSL was $66,720, 11.4% below Regional NSW ($75,280). However, household income was higher in the SSL ($82,630) than Regional NSW.
Socio-economic status	**The PSL was considered an area of relative socio-economic disadvantage.** • Socio-Economic Index For Areas (SEIFA) data[2] identifies the area to the immediate north, north-east, and south-west to be within the 2nd percentile of the SEIFA scale, while the rest of the PSL is within the bottom half. • Refer to the map at **Figure 15**.
Cultural diversity	**The PSL had a slightly more culturally diverse population than the SSL and Regional NSW.** • 9.1% of people within the PSL were born in a non-English speaking country, compared to 6.1% in both the SSL and Regional NSW. • The top three countries of birth other than Australia were England (2.6%), Philippines (1.5%) and India (1.4%) and the top three languages spoken at home other than English were Nepali (0.9%), Arabic (0.8%), Afrikaans and Tagalog (both 0.7%).

[1] Disclaimer regarding COVID-19 Pandemic

It is our view that interpretation of small area data from the 2021 ABS Census – that is any geography smaller than a State - should have due consideration for potential outcomes arising from the COVID-19 pandemic. For example, at a small area level trend analysis relative to 2011 and 2016 Censuses should be treated with some degree of caution, as potential changes in demographics/behaviour may reflect temporary rather than structural changes as a result of COVID-19.

[2] The Socio-Economic Indexes for Areas (SEIFA) provides a measure of the relative socio-economic advantage and disadvantage of geographical areas using ABS Census data. Relative socio-economic advantage and disadvantage, as defined by the ABS, refers to "people's access to material and social resources, and their ability to participate in society."2 SEIFA uses socio-economic indicators such as but not limited to income, education, employment, occupation, and housing variables. In the context of this social impact assessment, SEIFA provides an indication of the collective socio-economic characteristics of the communities in the study areas and can highlight potential vulnerable communities that may be disproportionately affected by the development.

	Key findings
Household composition	**Lone person households were more common in the PSL than the SSL and Regional NSW.** • Family households were the predominant household type in the PSL (56.9%), SSL (69%) and Regional NSW (68.8%). • A much higher proportion of lone person households in the PSL (38.7%) compared to the SSL (27.2%) and Regional NSW (28%).
Tenure type	**A higher proportion of dwellings were rented in the PSL than the SSL and Regional NSW.** • 42.4% of dwellings were rented in the PSL, compared to 33.3% in the SSL and 32% in Regional NSW. • 53.5% of dwellings in the PSL were owner occupied, compared to 67.8% in the SSL and 70.9% in Regional NSW.

Source: ABS Census 2021

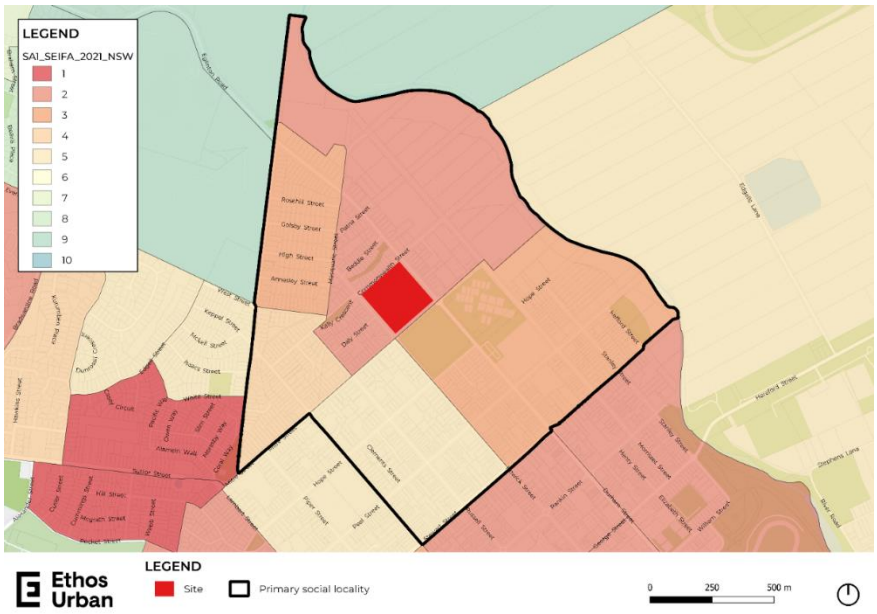


Figure 15 SEIFA Map of the Primary Social Locality

Source: Ethos Urban

Current Community Snapshot

Primary Social Locality

Demographic trends and patterns provide an indication of the existing economic and social characteristics of the community and useful context for identifying potential impacts.

Statistics are sourced from the Australian Bureau of Statistics, Census of Population and Housing 2021, and Transport for New South Wales.

Note: interpretation of small area data from the 2021 ABS Census should consider potential outcomes from the COVID-19 pandemic.

Population

2,422

Estimated resident population in the PSL in 2022

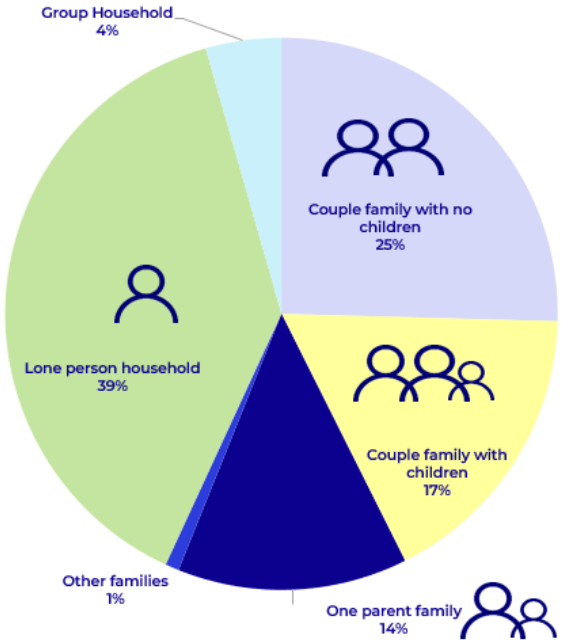
Population growth rate

1.2%

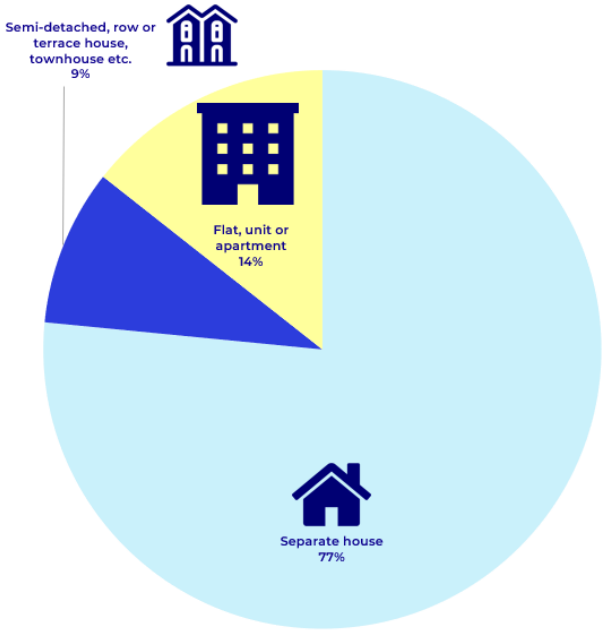
Projected population growth rate from 2023-2041 (SSL)

Rest of NSW: 0.8%

Household composition



Dwelling structure



Median household income

$66,720

Per household per annum

Regional NSW: $75,280

Median age

43.2

years

Regional NSW: 42.4 years

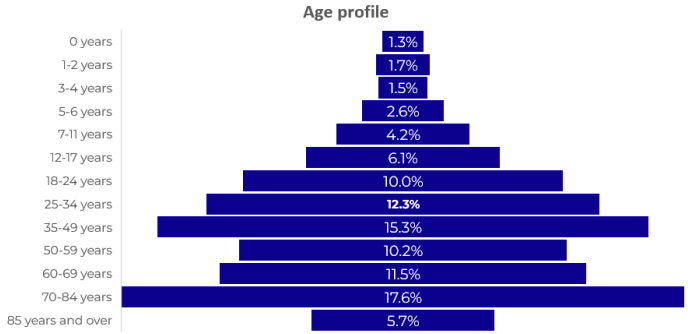
Persons born overseas

13.8%

of the PSA population were born overseas

Regional NSW: 11.5%

Age profile



5.2.1 Forecast resident population

For the purposes of this analysis, population projections have been sourced with reference to Transport for NSW. Population and Age projections and have been rebased to the latest ABS estimated resident population figure.

Based on these projections, the population of the SSL is expected to increase by 10,930 residents between 2023 and 2041 (**Table 9**), with an annual growth rate of 1.2% (slightly higher than the Rest of NSW at 0.8%) (**Table 10**).

Age groups projected to see the largest amount of growth in the SSL between 2023 and 2041 are 25-29 (+1,000), 40-44 (+890) and 80-84 (+900) (**Table 11**). The change in the 80-84 age group reflects a 94.7% increase from 2023 to 2041, compared to a 33.6% increase in the 25-29 age group and 35.2% increase in the 40-44 age group in the same period, indicating Bathurst is projected to have an ageing population.

Table 9 Resident population projections

Population	2016	2023	2026	2031	2036	2041	2016 – 2023	2023 – 2041
Social Locality - Secondary	42,180	44,500	46,240	49,250	52,320	55,430	+2,320	+10,930
Rest of NSW	2,707,940	2,879,200	2,941,190	3,047,190	3,172,490	3,297,470	+171,260	+418,270

Source: Transport for NSW, ABS

Table 10 Projected annual growth rate

Annual Growth Rate	2016-2023	2023-2026	2026-2031	2031-2036	2036-2041	2016 to 2023	2023 to 2041
Social Locality - Secondary	0.8%	1.3%	1.3%	1.2%	1.2%	0.8%	1.2%
Rest of NSW	0.9%	0.7%	0.7%	0.8%	0.8%	0.9%	0.8%

Source: Transport for NSW, ABS

Table 11 Resident age projections

Population (no.)	2016	2023	2026	2031	2036	2041	2016 - 2023	2023 - 2041
0-4	2,890	2,760	2,990	3,190	3,380	3,610	-130	+850
5-9	3,080	2,950	2,920	3,180	3,350	3,540	-130	+590
10-14	2,970	3,080	3,190	3,170	3,400	3,560	+110	+480
15-19	2,810	2,850	3,000	3,170	3,170	3,380	+40	+530
20-24	2,890	3,110	3,120	3,510	3,690	3,710	+220	+600
25-29	**2,730**	**2,970**	**3,250**	**3,370**	**3,790**	**3,970**	**+240**	**+1,000**
30-34	2,490	2,930	2,970	3,230	3,390	3,800	+440	+870
35-39	2,330	2,680	2,980	3,170	3,370	3,560	+350	+880
40-44	**2,650**	**2,530**	**2,710**	**3,080**	**3,250**	**3,420**	**-120**	**+890**
45-49	2,790	2,490	2,470	2,800	3,140	3,300	-300	+810
50-54	2,730	2,880	2,670	2,520	2,870	3,190	+150	+310
55-59	2,720	2,680	2,740	2,630	2,530	2,880	-40	+200
60-64	2,450	2,740	2,640	2,670	2,610	2,550	+290	-190
65-69	2,310	2,410	2,620	2,610	2,650	2,640	+100	+230
70-74	1,740	2,140	2,220	2,520	2,540	2,600	+400	+460
75-79	1,160	1,640	1,860	2,010	2,300	2,340	+480	+700
80-84	**780**	**950**	**1,120**	**1,460**	**1,600**	**1,850**	**+170**	**+900**
85-89	410	430	480	650	850	950	+20	+520
90-94	190	210	200	240	330	440	+20	+230
95-99	50	70	70	70	80	120	+20	+50
100+	0	10	20	20	20	20	+10	+10

Source: Transport for NSW, ABS

5.2.2 Community health profile

Social and health indicators point to potential vulnerabilities that may affect how social impacts could be experienced and responded to within a community.

The primary social locality (PSL) falls within the Population Health Area (PHA) boundary of Bathurst.[3] Using the 2021 Census of Population and Housing data, a community health snapshot is provided in **Table 7** drawing on benchmarks of Western NSW LHD (WNSWLHD), Regional NSW or Australia, as appropriate.

Additional health data can be found in **Appendix A**.

Table 12 Community health profile

	Key findings
Long term health conditions	**Prevalence of self-reported long-term health conditions in the Bathurst PHA was greater than those of the WNSWLHD and Regional NSW.** • 37.8 adults (aged 15 years and over) and 13.7 children (aged 0 to 14 years) per 100 population reported one or more long-term health conditions. In the WNSWLHD these rates were 34.8 and 11.3, respectively, and in Regional NSW, 35.2 and 11.2. • Mental health conditions were the most reported long-term health condition among adults, affecting 13.4 adults per 100 population in the PHA, slightly higher than in WNSWLHD (11.7) and Regional NSW (12.5) • Asthma was the most reported long-term health condition among children, affecting 16.9 children per 100 population in the PHA, almost double the rate in WNSWLHD (8.6) and Regional NSW (8.4).
Disability	**Prevalence of people with primary carer responsibilities, and people living with a core activity limitation were similar in the Bathurst PHA to WNSWLHD and Regional NSW.** • Primary carers (per 100 population): 6.4 people aged 65+ years, 5.5 people aged 25-64 years, and 0.9 people aged 15-24 years in the PHA, which was similar to WNSWLHD (6.3, 5.5, and 0.8, respectively) and Australia (6.1, 4.7, 0.6, respectively). • Core activity limitation (per 100 population): 9.6 people were living with mild or moderate core activity limitation (compared to 10.6 in the WNSWLHD, 8.6 in Australia) and 6.7 in the PHA (compared to 5.9 in the WNSWLHD, 5.0 in Australia).
Rental assistance	**A slightly higher proportion of dwellings in the Bathurst PHA were receiving rental assistance than the WNSWLHD and Regional NSW.** • 23.1% of dwellings in the PHA received rental assistance from the Australian Government, compared to 19.3% in the WNSWLHD and 22.1% in Regional NSW.

Source: 2021 ABS Census of Population and Housing

5.3 Demographics key findings

Key findings

- Compared to Regional NSW, the Primary Social Locality (PSL) is older, lower-income, more multicultural, and more likely to be living in a lone person household and renting.
- The PSL population is projected to grow by 10,930 to 20412, at a slightly higher rate than the rest of NSW.
- Bathurst is projected to see population ageing, with the number of people in the SSL aged 80-84 projected to increase by 94.7% from 2023 to 2041.
- Bathurst PHA had a higher rate of long-term health conditions and higher number of people living with a profound or severe core activity limitation than within the WNSWLHD and Regional NSW. Asthma, mental health conditions, and arthritis are the top three long-term health conditions (all ages).

[3] Public Health Information Development Unit (PHIDU) Torrens University, 2022

5.4 Local social and transport infrastructure

It is important to consider the potential impacts of the project on local social infrastructure and transport networks. Social infrastructure, such as open space, recreation, education, health, and community facilities, is a key community support and could experience additional demands or disruptions due to the development.

Transport infrastructure networks are also considered to understand potential accessibility impacts, including additional demands or disruptions, that could be experienced.

Key findings are summarised in **Table 13** with maps provided at **Figure 16 – Figure** 19.

Table 13 Summary of local social and transport infrastructure

	Key findings
Public transport and active transport networks	**Public transport, walking, and cycling access to the site is limited. Bathurst Hospital users are likely to rely on cars, and traffic and parking changes could impact access.** • Bathurst Train Station is 3km from the subject site (a 5-min drive). Bus routes 515 and 523 connect the station and hospital. Bathurst Station provides weekday and weekend services to Central Sydney and Lithgow. • A bus stop on Howick Street provides the following services: - Route 515 – Bathurst to Oberon (two services per day, Mon-Fri) - Route 523 – Eglinton to Bathurst via Llanarth (hourly services) - Route 523X – Eglinton to Bathurst via Eglinton Road (four services per day, Mon-Fri) • Dedicated cycling infrastructure in the PSL is limited. Nearest routes are Morrissett Street to the north-east, and Stewart and Durham Streets. • The West Bathurst Neighbourhood has a Walk Score of 55[4], indicating the neighbourhood is somewhat walkable, though a car is still required for some errands.
Childcare and education (Figure 16)	**Based on proximity, childcare and education facilities are unlikely to experience any significant social impacts.** • Most childcare services are located within the Bathurst CBD, to the site's south, and there is one facility located within the PSL to the site's east. • There are no primary or secondary education facilities within the PSL. The Assumption School is just outside the PSL boundary and other facilities are clustered to the south-west of the Bathurst CBS and towards Mount Panorama, to the south.
Community facilities and places of worship (Figure 17)	**Based on proximity, community facilities and places of worship are unlikely to experience any significant social impacts.** • PCYC Bathurst is located within the PSL, to the north-east of the site. Most community facilities are clustered within the Bathurst CBD to the site's south. • There are no places of worship located within the PSL, with most clustered in the Bathurst CBD to the site's south.
Aged care, disability services, health care and emergency (Figure 18)	**Based on proximity, nearby services in the PSL are unlikely to be affected by significant social impacts, however co-located health care services at Bathurst Hospital may experience some disruption during construction.** • Oaktree Retirement Village and Bathurst Riverview Care community are located in the PSL and may experience construction impacts. • Allied health services, including podiatry, physiotherapy, WeCare Health and HCA Wellness are located in the PSL and may experience some construction impacts.
Parks, open space, sports, and recreation (Figure 19)	**Based on proximity, the adjacent open space, sports, and recreation facilities may experience some social impacts due to the development.** • Parks and open space within the PSL include the Bathurst Adventure Playground and Victoria Park, located adjacent to the site. Parks are otherwise clustered along the Macquarie River to the site's south-east and some within the Bathurst CBD. • Sports and recreational facilities within the PSL include Bathurst Carillon City Tennis Club, Bathurst Netball Association, and Bathurst Tennis Centre.

Source: Ethos Urban

[4] 361 Howick Street, Bathurst NSW - Walk Score

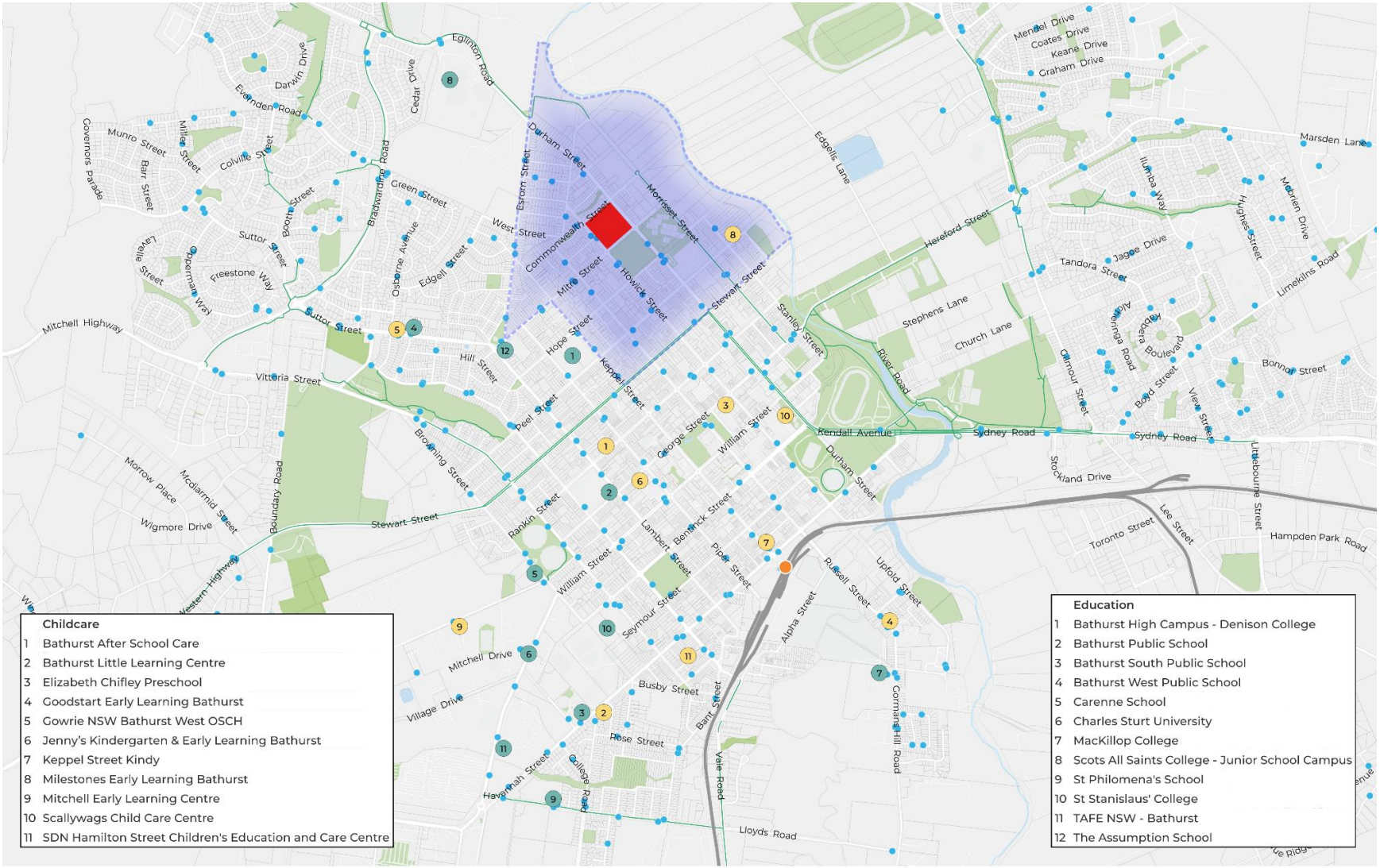


Figure 16 Social infrastructure map - childcare & education

Source: Ethos Urban

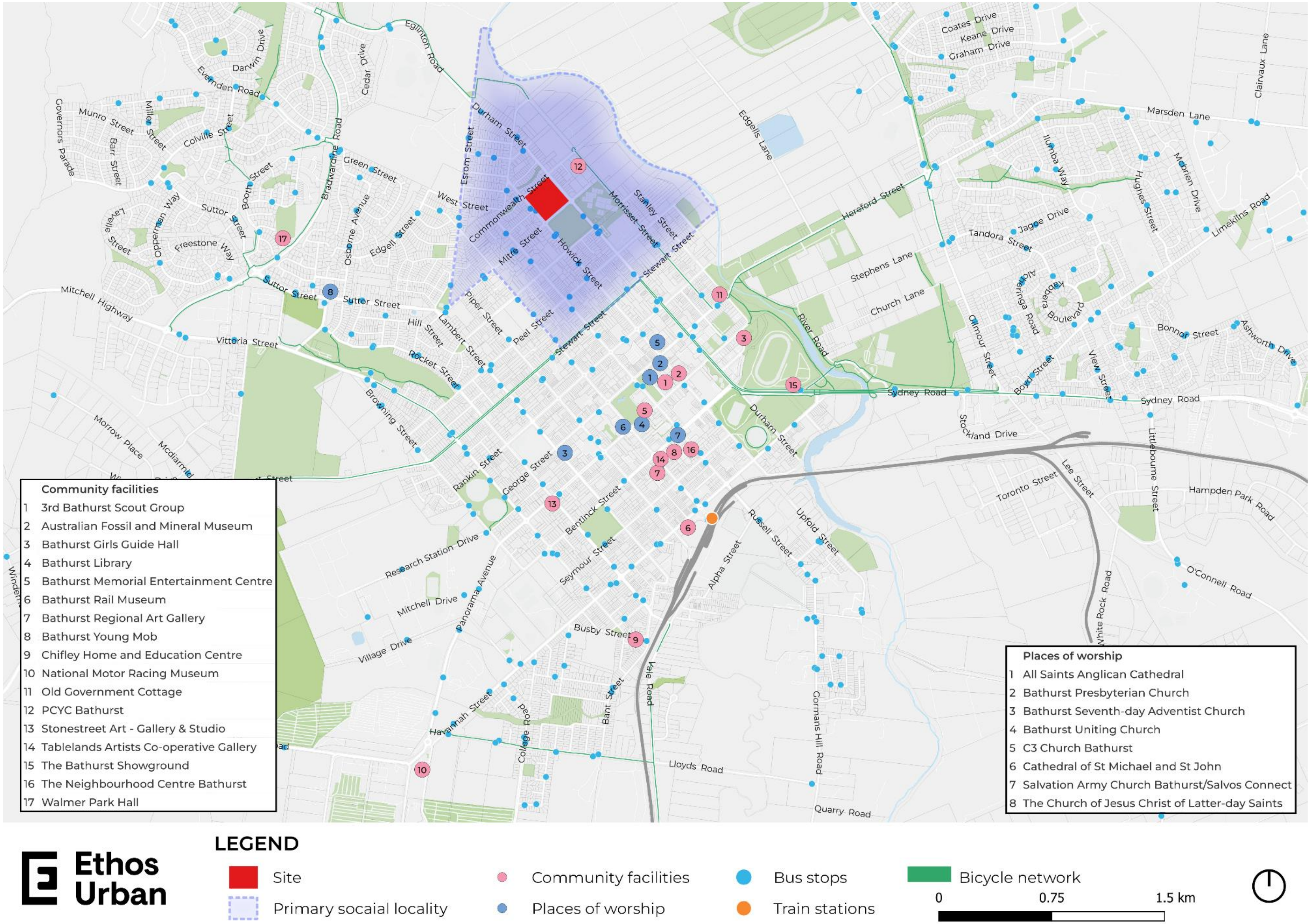


Figure 17 Social infrastructure map - community facilities & places of worship

Source: Ethos Urban

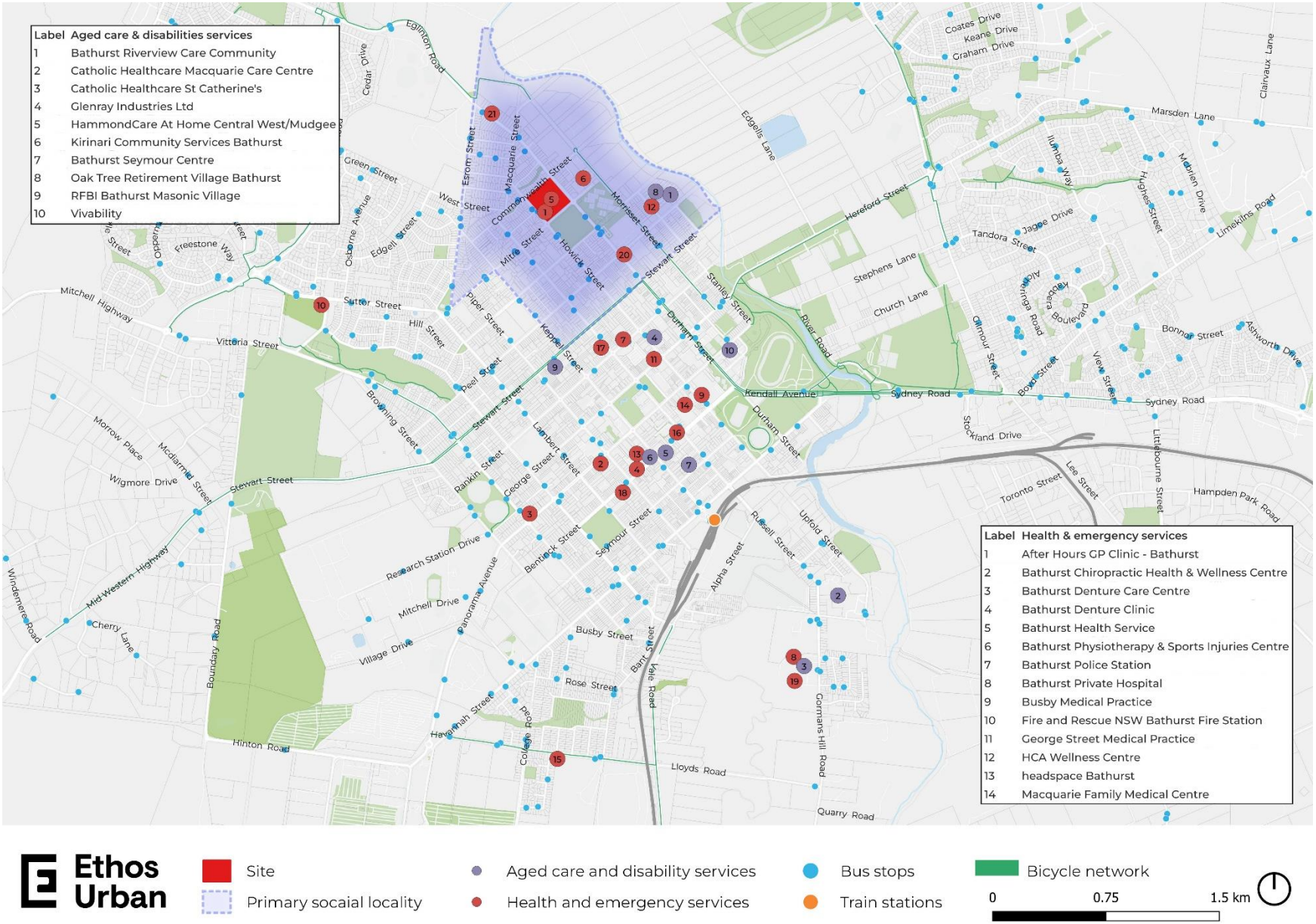


Figure 18 Social infrastructure map - aged care & disability services and health & emergency services

Source: Ethos Urban

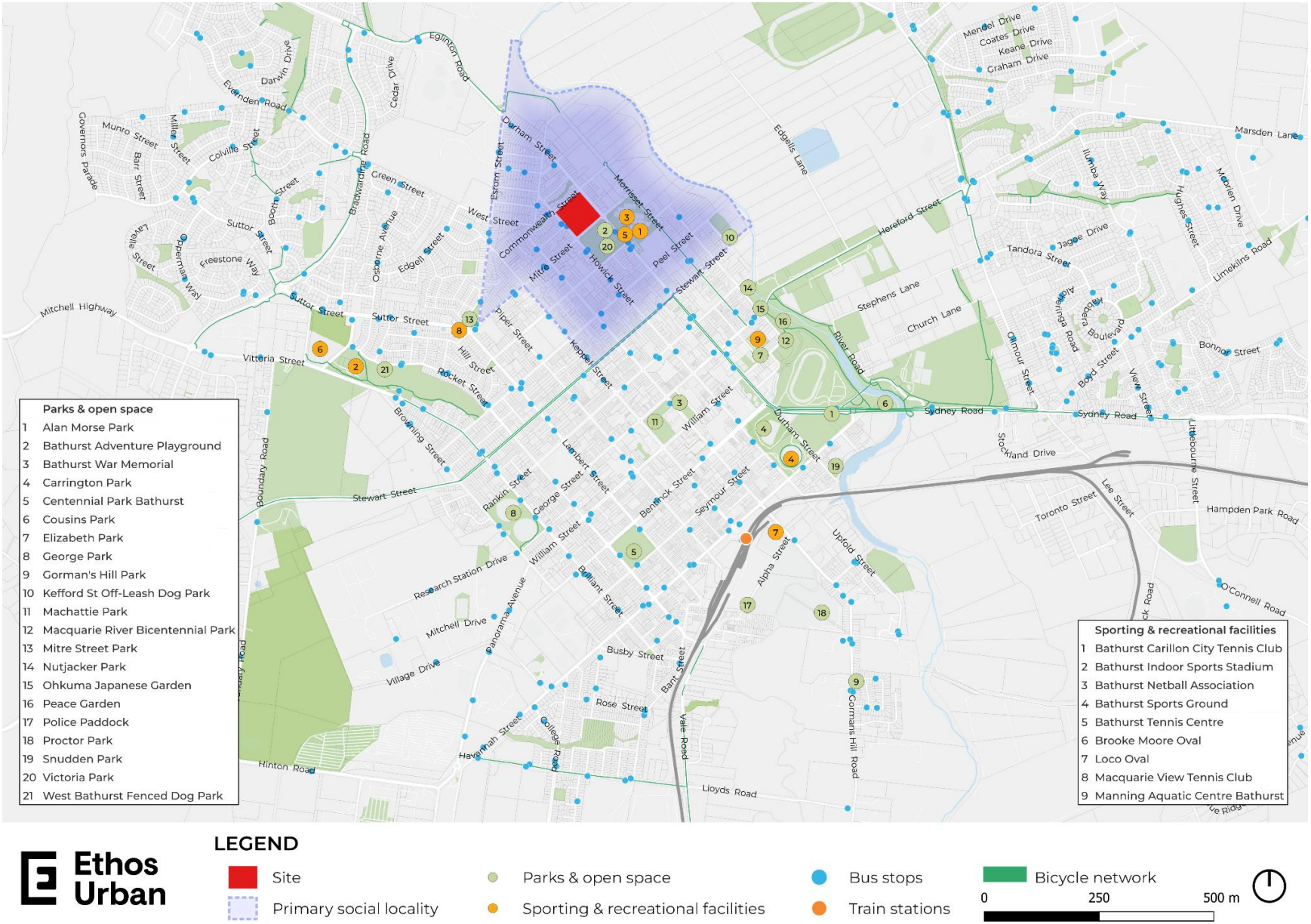


Figure 19 Social infrastructure map - parks & open space and sporting & recreational facilities

Source: Ethos Urban

5.5 Social issues and trends

This section identifies key social issues and trends relevant to the consideration of social impacts for the Bathurst Hospital redevelopment proposal. This desktop research informs an understanding of the macro social context of the proposed development, including:

- Considerations to support healthy ageing for an older population
- Healthcare for low-income communities
- Decanting and management of construction impacts on hospitals
- Improving patient and staff wellbeing through the design of health infrastructure
- Growing complexity of population health characteristics

5.5.1 Considerations to support healthy ageing for an older population

Bathurst has an ageing population that reflects a broader trend of population ageing in Australia. The Australian Institute of Health and Welfare (AIHW) estimates that by 2057, 8.8 million, or 22% of Australians, will be aged 65 years and over.[5] In Bathurst, projections indicate that the number of people aged 65 years and older will increase by 3,100 people between 2021 and 2041.

Older populations tend to be characterised by higher rates of long-term health conditions and disability and have a greater need for healthcare. For example, the AIHW found that older people accounted 16% of the population but 22% of emergency department visits, and three in four palliative care hospitalisations[6] .

Figure 20 Supporting healthy ageing

Source: Wolters Kluwer

The UN *Decade of Healthy Ageing: Plan of Action 2021-2030* provides four areas of action to support healthy ageing[7]:

- **Changing how we think, feel, and act towards age and ageing:** Ageism, the stereotyping, prejudice, and discrimination of older people based on age impacts the health and wellbeing of older people.
- **Ensuring that communities foster the abilities of older people:** Age-friendly environments remove physical and social barriers to promote health and build and maintain physical and mental capacity, and enable people, even when they lose capacity, to continue to do the things that they value.
- **Delivering person-centred integrated care and primary health services responsive to older people:** Essential health services that support the conditions of older age, integrated among providers and settings, rather than relying on health systems set up to address acute conditions.
- **Providing access to long-term care for older people who need it:** Significant declines in physical and mental capacity can limit older people's ability to care for themselves and participate in society. Access to rehabilitation, assistive technologies, and inclusive environments, can help older people to maintain functional ability and live with dignity.

5.5.2 Healthcare for low-income communities

The Socio-Economic Index for Areas (SEIFA) indicates that the Bathurst population experiences relative disadvantage compared to the Australian average.

[5] Pond, D & Regan, C 2019, *Improving the delivery of primary care for older people,* https://www.mja.com.au/journal/2019/211/2/improving-delivery-primary-care-older-people.
[6] Australian Institute of Health and Welfare 2023, https://www.aihw.gov.au/reports/older-people/older-australians/contents/health/health-care-gps-specialists/
[7] United Nations 2021, *UN Decade of Healthy Ageing: Plan of Action 2021-2030,* https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_28.

People from low socio-economic backgrounds tend to have poorer health outcomes, with higher rates of disability, illness, and death, and a lower life expectancy. Poor health can then lead to even poorer socio-economic outcomes, as it can reduce the ability to work and gain income.

Australian research has found that those from a lower socio-economic background are[8]:

- 1.6 times as likely to be obese, 1.3 as likely to be insufficiently active, and 1.2 times as likely to have uncontrolled high blood pressure.
- 3.6 times as likely to smoke daily, and at similar lifetime risk of harm from drinking alcohol
- 2.4 times as high for type 2 diabetes, 2.2 times as high for lung cancer, 2.0 times as high for coronary heart disease, 1.6 times as high for stroke, and 1.2 times as high for dementia.

Australia's Long Term National Health Plan identifies four pillars to provide healthcare focused on patients' multifaceted needs. The *Plan* emphasises affordable and accessible medical care for all Australians. These pillars are[9]:

- Guaranteeing Medicare
- Supporting our public and private hospitals, including improvements to private health insurance
- Mental health and preventative health
- Medical research to save lives and boost our economy.[10]

5.5.3 Decanting and management of construction impacts on hospitals

There is a current shift in the provision of healthcare in Australia. Many hospitals are currently undergoing major redevelopments to keep up with the latest healthcare methods and technology, as well as models of care, increasing bed numbers, and patient privacy needs. As a result, understanding how decanting works and mitigating construction impacts in hospitals is critical to making sure that a patient's healthcare experience remains optimal and of a high quality.

Research conducted by Fengzhi et al found that an understanding of the relocation plan across all staff is critical to reducing anxiety and uncertainty.[11] Regularly scheduled information sessions with a well-known and open channel for feedback are identified as key mitigations. A dedicated team, change champions, and a clear communication strategy are important structures recommended for hospitals going through change. Involving staff in developing new working processes is an effective strategy to prepare staff for the change. Inadequate preparation can result in a decrease in patient care and health outcomes.

5.5.4 Improving patient and staff wellbeing through the design of health infrastructure

The design of hospital audio and visual environments are key contributors to patients and staff health and wellbeing. This includes safety enhancement, wayfinding systems, patient rooms, family support spaces and staff support spaces.[12,]

Nejati et al. found that the "restorative qualities of indoor break spaces increase progressively with higher levels of access to nature, daylight, and outdoor environments", signalling a correlation between direct access to nature and stress relief in staff.[13] Enhancing the restorative qualities of staff break spaces also has potential carry-over effects to patients, by allowing staff to provide better care to patients.

Figure 21 Bathurst Hospital

Source: Mirage News

[8] Australian Institute of Health and Welfare 2022, *Health across socioeconomic groups,* https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups.
[9] Department of Health 2019, *Australia's Long Term National Health Plan,* https://www.health.gov.au/sites/default/files/australia-s-long-term-national-health-plan_0.pdf.
[10] Department of Health 2019, *Australia's Long Term National Health Plan,* https://www.health.gov.au/sites/default/files/australia-s-long-term-national-health-plan_0.pdf.
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[13] Nejati, A, Shepley, M & Rodiek, S 2016, *A review of design and policy interventions to promote nurses' restorative breaks in health care workplaces,* https://pubmed.ncbi.nlm.nih.gov/26814229/.

6.0 Community and stakeholder perspectives

The following section provides an overview of the community and stakeholder consultation undertaken to inform the SIA. The purpose of this section is to highlight user values and aspirations relevant to the proposed development. This section has been informed by community engagement conducted specifically for this SIA.

6.1 SIA Engagement overview

Tailored and specific engagement was undertaken by the SIA authors for the purposes of informing this report. This section outlines the activities undertaken and a summary of key findings.

Detailed findings are provided in **Appendix A**.

6.1.1 Engagement activities

Activities undertaken as part of the SIA specific engagement are outlined in **Table 16.**

Table 146 Engagement activities

Activity	Description	Lines of inquiry
Community Reference Group meeting	The Bathurst Hospital Redevelopment Community Reference Group (CRG) is a community group established by the NSW Government to help inform the redevelopment of the hospital to best reflect the local community through being welcoming and safe, good accessibility, promoting comfort for patients, carers, and workers, and reflecting the unique culture of the community. The SIA authors attended a CRG meeting on 12 December 2023 to discuss with the group the perceived social benefits and impacts of the proposal. The CRG is managed by Health Infrastructure.	• What are the characteristics of Bathurst do you most value? • How do you see the Bathurst community's health supported in the future? • What are the potential social benefits of the proposal? How can these be further enhanced? • What are the potential social impacts of the proposal? How can these be mitigated?
Stakeholder interviews	Seven stakeholder interviews were held in January and February 2024, facilitated by the SIA authors. Stakeholders for interviews included members of the CRG and staff members of the local health district (LHD). Interviews were arranged by Western NSW LHD on behalf of the SIA authors.	• What is your connection to Bathurst Hospital? • What is your level of support for the proposed redevelopment? • What are the characteristics of Bathurst do you most value? • How do you see the Bathurst community's health supported in the future? • What are the potential social benefits of the proposal? How can these be further enhanced? • What are the potential social impacts of the proposal? How concerned are you about these potential impacts? How can these be mitigated?
Community survey	A community survey was shared and circulated using HI's project email database, LHD staff, and patients and visitors to the hospital. The survey was open from 12 January to 5 February 2024 and asked a series of questions to identify views on the proposed redevelopment of Bathurst Hospital, including potential social impacts and benefits. 104 survey responses were received. The survey was prepared and managed by the SIA authors and distributed and promoted by Health Infrastructure and Western NSW LHD.	• What is your connection to Bathurst Hospital? • What do you value about Bathurst? • What should the SIA project team know about Bathurst to help inform the completion of the SIA? • What is your level of support for the proposed Bathurst Hospital redevelopment? Why did you indicate this level of support? • What are the potential social impacts of the proposal during construction? What are the potential social benefits of the proposal during construction? • What are the potential social impacts and benefits of the proposal during operation? • What are some potential mitigations to reduce impacts during both construction and operation?

6.2 SIA engagement findings

The following section provides an analysis of findings from SIA engagement undertaken. This includes the Community Reference Group meeting, stakeholder interviews, and SIA community survey.

6.2.1 Community Reference Group meeting

The Community Reference Group (CRG) meeting took place on 12th December 2023, allowing members of the CRG to provide feedback on the proposed redevelopment of Bathurst Hospital. Members were generally supportive of the redevelopment, with many saying that it is needed to help improve health outcomes for the community. A high-level summary of benefits and concerns identified include:

- A level of support for the redevelopment to help support the existing and future population of Bathurst.
- A need to ensure all people can access services at the hospital, with Bathurst's population growing, both ageing and increasing in young families.
- Benefits identified include provision of additional services, having less reliance on Orange and Dubbo to access treatment[14], and potential ability to attract and retain staff and specialists to the hospital.
- Concerns around aspects of the redevelopment included provision of parking, hospital operations during construction, noise impacts for nearby residents, and the temporary relocation of the helipad.

The full findings of the meeting are found below in **Table 15.**

Table 15 Community Reference Group meeting findings

Question	Comments
What are the characteristics of Bathurst and its community that you most value?	• Bathurst is a safe place, a safe community. People feel comfortable here. • There is good accessibility; everything is close, typically within a 10-minute drive. • It embraces a 'big country town' feel even though it's classified as a city. • The area's demographics and economy are expanding, with a growing number of young families. • It is categorised by people from all socio-economic groups. • There is a good number of parks and open space.
What do you want to see for the future and how the community's health is supported?	• There's a growing number of young families in the area, meaning increased pressure on maternity and paediatric services. • The community would like to see a hospital that they can go to for anything, instead on constantly needing to travel to Orange or Dubbo for other services and specialists. • The current hospital is not consistent in its service provision, with the hospital reaching capacity, as wait times are lengthening. • The population is also ageing, placing increased pressure on a variety of different services. • The limited number of GPs in Bathurst increases the demand on the Emergency Department.
What do you see as some of the potential social benefits of the new hospital?	• It will help to increase capacity within the hospital and provision of more services. • It provides an opportunity to better attract professional staff and specialists to the area, and attract and retain existing staff.
What thoughts do you have about how these potential benefits can be further enhanced?	• There is a suggestion to move Community Health, including allied health and outpatient services, into the CBD. • Explore opportunities to work with Community Housing Providers to provide housing for essential workers. • Harness potential community benefits of bringing in new services and facilities after the hospital expansion.

[14] Reduced reliance on Orange and Dubbo hospitals was mentioned as a perceived benefit, however, Bathurst Hospital is a major rural referral centre in the district, and this will not be changed by the redevelopment plans.

Question	Comments
	• Hope that the greater culture and level of care staff provide for patients is maintained. It is really appreciated.
What do you see as some of the potential social impacts of the new hospital?	• Parking is a major concern. A reduction during construction if some spaces temporarily cordoned off or used by contractors will be detrimental for the community, particularly staff and patients. • Concerns around how the hospital will operate during construction. • There will be increased noise impacts for surrounding residents. • Concern around the temporary relocation of the helipad to the airport, as the access to the area can be cut off temporarily during major floods.
What thoughts do you have about how these potential impacts could be mitigated?	• There should be contractor specific parking near to the site. • Explore opportunities to provide better public transport linkages between the hospital and Bathurst CBD. • Develop an operational and wayfinding strategy for during construction, including adequate temporary signage. • Stagger construction so only the minimum number of services are impacted at one time. • Develop a Noise Management Plan, and a Waste Management Plan.

6.2.2 Stakeholder interviews

A series of stakeholder interviews were conducted in January and February 2024, allowing CRG and LHD staff members to discuss the proposal and identify any impacts and/or benefits they could identify. Key themes discussed in the interviews included:

- The need to improve access to health services, helping to provide continual support for the community's health.
- Concerns around parking provision, particularly around how this will be impacted during construction.
- How the hospital design can be further enhanced to ensure optimal accessibility and reflection of the local community.
- Impacts to staff wellbeing through increased noise, dust, and vibration during construction leading to an unpleasant working environment, as well as potential increased pressure during operation if staff numbers are not high enough to service expected level of demand.
- General impacts during construction including increased noise, dust, and vibration, concerns around impacts to hospital operations, potential decreased accessibility if services are relocated and signage / wayfinding is poor.
- The existing constraints of the hospital and concerns around the proposal being a repeat of the previous redevelopment.

A full engagement findings write-up for the stakeholder interviews is found below in **Table 16.**

Table 16 Stakeholder interview engagement findings

Theme	SIA Social Factors	Feedback summary
Improved access to health services and continual support for the community's health	• Way of life • Accessibility • Health and wellbeing	• Help to attract more specialists to the hospital, providing additional services. • Will also help in accessibility for visitors. Some patients need to travel to Orange or Dubbo for treatment, meaning visitors need to travel at least an hour; this is inconvenient. • Suggestion to relocate Community Health in the hospital to the CBD to free up space for further expansion in pediatrics and maternity. • Explore additional spaces for rehab facilities closer to the CBD; some people don't like going to the hospital for this service. • Suggestion to co-locate public and private hospitals together to create a health precinct and centre of excellence in health. • The hospital needs to have the capacity to grow. It should provide access to care the community needs without huge waits.

Theme	SIA Social Factors	Feedback summary
		• There needs to be a whole-of-care approach – easier access to GPs, changes to bulk billing practices, better connections to resources in the community. There needs to be good engagement and more investment in allied health. • A need for education for the community, particularly outpatient groups, around preventative health to help change behaviours and reduce demand on the ED. • There is a sense of excitement around the expansion of existing and inclusion of new services at the hospital. • The redevelopment will help to build better trust in the hospital, giving the community more confidence in the ability to use the facility. • There is a need to focus on providing better health outcomes for specific groups, such providing Aboriginal health care centres independent of the hospital, providing better access to care in aged care and nursing homes. • Believe that families, particularly mothers, and the elderly will benefit the most from the redevelopment.
Parking concerns	• Way of life • Accessibility • Health and wellbeing	• Parking is currently inadequate; there are major concerns about provision during construction. There isn't enough space for hospital users, let alone contractors and construction workers. • Concerns around whether there will be enough parking after redevelopment. • There is a need for more parking, particularly staff and disabled parking. • Parking needs to be adequately addressed; it's not sustainable for people constantly needing a distance away from the hospital, particularly those with mobility constraints. • Council should explore opportunities to provide more parking in offsite locations still relatively close to the site. • Parking can be an issue where people are running late to appointments, and occasionally some giving up and not coming at all. • Could potentially use council carpark as a temporary relief during construction for contractors and construction workers.
Hospital design	• Way of life • Community • Accessibility • Surroundings	• The existing hospital is deficient in accessibility standards (e.g. one handrail on stairs); the new design will address this and improve accessibility for people. • Good to see that the design will incorporate new gardens, sensory areas, a café with better accessibility. • Nice to see Connection to Country design principles incorporated into the design. • Concerns that emergency exit is not wide enough at the Emergency Department for egress by people using mobility aides. • Support the provision of more windows for staff and patients to be able to see outside. • Happy with the inclusion of resuscitation bays and a tearoom for staff. • The proposed design will help to provide needed improvements for the existing population; but concerned it doesn't address future population. • There is a need for more rehab facilities in the hospital. • The design needs to ensure there are enough footpaths around the site that are wide enough for people using wheelchairs or with prams. • The new entrance needs to ensure that it is easily accessible, with the topography providing a challenge. • A public transport plan needs to be incorporated into the design to help reduce reliance on private vehicles. • Explore opportunities to incorporate more meeting spaces, education spaces, family spaces.
Impacts to staff wellbeing	• Way of life • Health and wellbeing • Livelihoods	• Concerns around long-term impacts to staff during construction. • The hospital will temporarily become an unpleasant working environment during construction. • There is not enough staff to provide the existing services, let alone the proposed new and expanded services as part of the redevelopment. • A new building will fix nothing if it isn't staffed appropriately. • There needs to be a sustainable number of staff to provide adequate and appropriate care. • Establishing realistic expectations about the amount of noise and activity during construction to understand level of impact on staff.

Theme	SIA Social Factors	Feedback summary
		• A staffing plan needs to be considered to ensure all services are adequately provided for. • The new hospital will help the hospital to become a more pleasant environment to work in, hopefully helping to attract and retain new staff and specialists. • There may be increased confusion and stress for staff during construction and the first few months during operation as they find where they need to go.
Impacts during construction	• Way of life • Community • Accessibility • Health and wellbeing • Livelihoods	• Concerns around the temporary relocation of the helipad to the Airport; this area typically always experiences impacts during floods. • Questions around what type of security will be present during construction. • Concerns around location of services during construction; where are they going to go, and how will they be maintained? • There needs to be substantial logistics, planning, and communication during the process, including around signage and wayfinding so people know where to go. • Need to be able to perceive the benefits of the redevelopment; short term pain for long term gain. • There is a need for continual, clear communication around the redevelopment to understand scope, impacts, and benefits. • There may be community perceptions around inability to access some services during construction, leading to confusion and differences in how care can be accessed. • The relocation of the main entrance will be confusing at the beginning for the community; need to ensure signage and wayfinding is very clear. • Explore opportunities to provide volunteers both during construction and the first few months of operation to help / take people to where they need to go. Coloured stripes on the floor and clear signage / wayfinding will also help.
Existing hospital constraints and the previous redevelopment	• Way of life • Accessibility • Health and wellbeing	• The community and staff don't want a repeat of what happened with the last redevelopment; thankful for the level of engagement and communication to date. • The existing medical ward is constantly running out of space; it's just not working well. • Outpatient services are also constrained and compromised in terms of space. • The Emergency Department does not have enough space to provide the services it needs, nor cater to the demand. • There is too much reliance on the ED by the community for treatment that could be completed at GPs. • There are not enough specialists to cater to the demand; the existing hospital is not attractive enough.

6.2.3 SIA community survey

A community survey was developed and aimed to gain an understanding of community views around the proposed redevelopment of Bathurst Hospital, asking questions around who the Bathurst community are, and what they believe to be the benefits and impacts of the hospital redevelopment, both during construction and operation. The survey was open from **12 January to 5 February 2024** and generated **104 responses**. A summary of the survey outcomes is found below in **Table 17**. A full survey analysis can be found in **Appendix B**.

Table 17 Survey outcomes summary statistics

Level of Support for the Project		
		
Support (93.9%) (either absolutely support, strongly support, or somewhat support)	**Neutral (1.2%)**	**Oppose (4.8%)** (either somewhat oppose, strongly oppose, or absolutely oppose)
Methods of Survey Promotion		

Posters
Audience – hospital staff, patients & visitors

Bathurst Health Service (BHS) all staff email & email to project database
BHS staff – 500+
Project database – 100+
Audience – staff and interested community

Internal Facebook post
Total reach – 250
Audience – Group members

Key Demographics - Participants

Most common age group was 45-54 years **(26.0%)**

Respondents who are mobility impaired or require assistance **(11.5%)**
(either significant assistance, not for everything, or only occasionally)

Nearby residents **(71.0%)**
(either live in the local area, work in the local area, a healthcare professional interested in the redevelopment, and/or other)

Staff **(57.7%)**

Patients **(7.7%)**

Perceived impacts during construction

96.3% believe temporary change in provision of car parking due to construction has a chance of occurring
(either somewhat likely, highly likely, or almost certain chance)

86.9% believe temporary health service disruption has a chance of occurring
(either somewhat likely, highly likely, or almost certain chance)

86.8% believe construction noise and disruption has a chance of occurring
(either somewhat likely, highly likely, or almost certain chance)

86.7% believe decreased ease of getting around due to construction-caused traffic disruptions has a chance of occurring
(either somewhat likely, highly likely, or almost certain chance)

Perceived benefits during construction

71.5% believe support for local businesses through patronage by construction workforce has a chance of occurring
(either somewhat likely, highly likely, or almost certain chance)

65.6% believe construction jobs for local community has a chance of occurring
(either somewhat likely, highly likely, or almost certain chance)

Perceived impacts during operation

71.4% believe change visual appearance of the existing hospital site has a chance of occurring
(either somewhat likely, highly likely, or almost certain chance)

56.0% general increase in noise and activity in the area has a chance of occurring
(either somewhat likely, highly likely, or almost certain chance)

51.8% believe sense of uncertainty about future expansion has a chance of occurring
(either somewhat likely, highly likely, or almost certain chance)

Perceived benefits during operation

82.1% believe jobs for local community at the hospital has a chance of occurring
(either somewhat likely, highly likely, or almost certain chance)

81.0% believe health and wellbeing benefits due to improved care options has a chance of occurring
(either somewhat likely, highly likely, or almost certain chance)

76.1% believe increased ease of access to modern health care services has a chance of occurring
(either somewhat likely, highly likely, or almost certain chance)

Suggested mitigation methods to reduce visual impacts

80.1% believe increasing tree canopy and landscaping will be effective
(either somewhat effective, very effective, or completely effective)

75.1% believe design of building to minimise visual appearance on the site will be effective
(either somewhat effective, very effective, or completely effective)

75.1% believe building colour scheme and landscaping to reflect native flora will be effective
(either somewhat effective, very effective, or completely effective)

Suggested mitigation methods to reduce traffic impacts

88.9% believe providing an appropriate amount of parking onsite to meet demand levels will be effective
(either somewhat effective, very effective, or completely effective)

67.6% believe improved public transport linkages between Bathurst CBD and the hospital will be effective
(either somewhat effective, very effective, or completely effective)

52.6% believe implementing a Green Travel Plan will be effective
(either somewhat effective, very effective, or completely effective)

Suggested mitigation methods to reduce impacts from intensified usage in the area

74.1% believe helipad use complying with approved flight paths and safety protocols will be effective
(either somewhat effective, very effective, or completely effective)

64.2% believe NSW Ambulance ensuring good neighbour practice will be effective
(either somewhat effective, very effective, or completely effective)

60.5% believe implementing complaint management systems will be effective
(either somewhat effective, very effective, or completely effective)

The survey also included open-ended questions for respondents. Question 6 asked respondents were asked to identify if there was anything else they'd like the project team to know about the Bathurst area as the SIA is prepared. Question 15 had respondents identify any additional mitigation methods they believe would help reduce the impacts of the hospital redevelopment, while Question 16 focused on respondents describing whether there were any final comments. Common themes discussed amongst these questions included:

- **Access to health services –** there is a need for improved health services at Bathurst Hospital to provide better health outcomes for the community and reduce reliance on Orange and Dubbo[15]. There is strong support for the redevelopment, with many believing the project is long overdue.
- **Bathurst's growing population –** Bathurst is undergoing a rate of population growth greater than surrounding Councils. There is the need for the hospital redevelopment is also cater for future population, rather than just consider existing.
- **Public and active transport accessibility –** much of the community saw access to public and active transport in Bathurst as poor, with services currently minimal and infrequent. There is a need for more bus

[15] Reduced reliance on Orange and Dubbo hospitals was mentioned as a perceived benefit, however, Bathurst Hospital is a major rural referral centre in the district, and it is understood that this will not be changed by the redevelopment plans.

services providing access to the hospital, particularly from the CBD, train station, and nearby smaller towns and villages.

- **Impacts to surrounding residents –** due to inadequate parking, resident access to parking is also compromised, leading to accessibility impacts. There may also be amenity impacts for residents during construction from extra noise, dust, and vibration.
- **Parking constraints –** there is a high level of concern around the lack of parking available on-site, how this will be further impacted during construction, and whether there will be adequate provision once operational. Many commented on being unable to find parking, therefore adding to travel times and leading them to be late for appointments.
- **Poor community health outcomes –** there is a need for a wide scale approach to improving health outcomes for the Bathurst community. While a redeveloped hospital will help this, there is also the need to consider providing other health services such as GPs, and better education around preventative measures to provide a better whole of care approach and reduce reliance on the hospital.
- **Hospital design –** the community what assurance that the redeveloped hospital will not be a repeat of the previous project. Accessibility requirements must be up to code, incorporate calm and relaxing outdoor spaces for staff, patients, and visitors, and improve wayfinding and signage for easier accessibility.
- **Project communications and staff wellbeing –** the community and staff would like to see regular communication and updates throughout the project. Staff want assurance that workloads will be sustainable once operational, indicating a need for more staff.
- **Impacts during construction –** there is concern around accessibility to the site during construction, including wayfinding and decreased provision of parking. There is also concern around impacts to staff and patient wellbeing. The temporary relocation of the helipad to the airport is also concerning, as the area is flood affected.

7.0 Social Impact Assessment

The assessment has been based on the information available to date, a desktop study, a review and analysis of available documents relevant to the proposal, and the outcomes of engagement conducted to inform this SIA. This section summarises the scoping phase previously conducted and provides the full social impact assessment, with regard to the information provided in the previous sections of this report.

7.1 Scoping

Scoping is the first phase of a social impact assessment and is the initial consideration of possible social impacts associated with a proposed development. This stage includes:

- Defining study area boundaries that represent physical, social, and economic areas of interest.
- Outlining likely areas of impact including an examination of the surrounding land uses.
- Identifying issues of concern relating to the project.
- Identifying stakeholders affected by the proposed development and the way in which these stakeholders have been involved in community consultation.

The scoping stage identified the following key social impacts as material to consider in depth in this SIA:

- Additional noise, dust, and vibration impacts during construction.
- Accessibility impacts through reduced parking and changes in wayfinding during construction.
- Decanting of health services.
- Improved working environment through redevelopment of the hospital leading to new, modern facilities.
- Improved access to health services, providing long-term health benefits.

Other impacts identified to have a medium or low impact include:

- Changed visual character of the area with new hospital buildings.
- Uncertainty around potential future expansions of the hospital.
- Additional operational noise including ambulances and helicopters.
- Reduced amenity of nearby public spaces (i.e. Victoria Park) during construction.
- Relocation of main entrance to Mitre Street, potentially reducing travel volumes and noise for residents on Howick Street.
- Potential community fears around nature of patients at expanded mental health unit.
- Impacts to students' accessibility to placement during construction.

A summary of the scoping study is provided in **Appendix C.**

7.2 Impact Assessment

7.2.1 Structure of this assessment

To ensure the SIA captures the experiences of all types of groups that will experience change as a result of the Bathurst Hospital redevelopment project, the SIA has been written to detail the ways different groups may experience social impacts during construction and operation. The key groups considered are:

- Hospital patients
- Hospital staff
- Adjacent residents

The SIA is structured to enable differing views, concerns, and insights of these affected and interested people in relation to the Project, dependent on their personal circumstances, connection to place and demographic background. This is consistent with the SIA Guideline, which requires a SIA to clearly highlight who is impacted, and how impacts may differ between groups, particularly for more significant social impacts.

Detailed assessment is provided of the impacts identified as significant for each key affected group.

7.2.2 Definition of key stakeholder groups

The following table outlines the key affected groups impacted by the identified social impacts, which form the basis for the assessment.

Table 18 Summary of key stakeholder groups for consideration in this assessment

Stakeholder group	Who is part of this group?	Significant social impacts – assessment reference
Hospital patients	Includes those that will be a patient within the hospital during construction, and future patients during operation.	Section 0
Hospital staff	All those that work within the hospital, including placement students	Section 7.3.2
Adjacent residents	Residents in the PSL. Refer to **Figure 12**.	Section 7.3.3

7.2.3 Summary of significant social impacts for consideration

The following table outlines the key material, significant social impacts in the SIA.

Table 19 Summary of materially significant social impacts considered in this assessment

Social Impact	Social factors	Period	Description	Key affected groups
Improved access to health services, providing long-term health benefits and a better care experience	• Way of life • Accessibility • Health and wellbeing	Operation	The proposed redevelopment will help to improve the level of service provided by the hospital. Expanded and additional services could help to attract additional staff and specialists, leading to improved health outcomes for the Bathurst community.	• Existing and future hospital patients in the Bathurst LGA and wider WNSWLHD
Improved working environment through redevelopment of the hospital leading to new, modern facilities	• Way of life • Accessibility • Health and wellbeing • Livelihoods	Operation	A redeveloped hospital will increase the function and amenity of the working environment, potentially leading to an improved sense of wellbeing, and helping to attract and retain staff.	• Hospital staff
Amenity impacts, including noise, vibration, and dust.	• Health and wellbeing • Livelihoods • Surroundings	Construction	Construction is likely to result in a temporary increase in additional noise, dust, and vibration. This could impact on the pleasantness of the working environment for staff, the ability for patients to access services and recover, and the ability for adjacent residents to enjoy their homes.	• Hospital staff • Hospital patients • Adjacent residents

Social Impact	Social factors	Period	Description	Key affected groups
Accessibility impacts through reduced parking and wayfinding changes	• Way of life • Accessibility • Health and wellbeing	Construction	Availability of car parking will be impacted with construction taking place in existing car parking areas. Many staff and patients rely on private vehicles to access the hospital, with limited public or active transport options. These alternatives are also less accessible to shift workers and people who may be unwell. Accessibility will also be impacted by wayfinding changes, based on where construction is located.	• Hospital staff • Hospital patients
Decanting of health services	• Way of life • Accessibility • Health and wellbeing	Construction	The sub-acute voluntary mental health inpatient unit will need to be relocated during the construction with all other mental health and drug and alcohol services remaining on site. Inpatients may be more vulnerable to health and wellbeing impacts of change, which may also impact on hospital staff.	• Hospital patients • Hospital staff

7.3 Assessment of significant social impacts by stakeholder group

The following section provides an assessment of the significant social impacts experienced by each key stakeholder group.

7.3.1 Hospital patients

'Hospital patients' refers to people who are currently seeking health care from the Bathurst Hospital, or who identify as hospital patients due to past treatment, or future patients of the hospital, including both in-patient and out-patient services. Patient-related concerns may also be experienced by the families or core support networks of patients, as well as by patients themselves.

Patients may also be nearby residents or hospital workers and may experience the redevelopment from these different perspectives.

Improved access to health services, providing long-term benefits and a better care experience

The redevelopment of the hospital will improve access health services and enable Bathurst Hospital to offer a better care experience to its patients. New facilities, including with improved access to daylight, outdoor spaces, and nature, will improve the level of comfort for patients attending the hospital.

Extensive engagement with Aboriginal stakeholders as part of the Connecting with Country process has influenced the design (Consultation Outcomes Report, Health Infrastructure). Incorporated cultural elements, access to outdoor spaces, and visibility of Aboriginal health workers, is intended to support a culturally safe and welcoming facility because of the redevelopment.

The impact assessment is presented in the table below.

Relevant social impact categories	• Way of life • Accessibility • Health and wellbeing
Key evidence (social baseline, SIA engagement, technical assessments)	• Improving the health outcomes of the WNSWLHD through fit-for-purpose infrastructure provision is a key strategic policy direction (**Section 4.0**). • The PSL and SSL have a growing and ageing population (**Table 8**). Older people are more likely to need access to health care, characterised by higher rates of long-term health conditions and disability (**Section 5.5.1**). • Mental health conditions (13.4 per 100 adult population) were the most common long-term health conditions in the PHA (**Table 12**). The proposal would increase capacity of its mental health service. • Around 7% of the populations of the PSL and SSL identified as Aboriginal or Torres Strait Islander at the 2021 Census (**Table 8**) and would be likely benefit from culturally safe health care.

	• The Socio-Economic Index for Areas (SEIFA) indicates that the Bathurst population experiences relative disadvantage (**Figure 15**). Lower socio-economic background can be associated with poorer health outcomes and may increase need for public hospital infrastructure (**Section 5.5.2**). • The project's Consultation Outcomes Report (Health Infrastructure) and Connecting with Country strategy (Arcadia) demonstrates significant engagement with Aboriginal stakeholders and local knowledge holders through the Connecting with Country process, including how the project has responded to this feedback. • 83.3% of patient respondents identified in the SIA survey that they believed the hospital redevelopment would highly likely or almost certainly result in health and wellbeing benefits due to improved care. • Half (50%) of patient respondents to the survey felt they would be more likely to be able to receive treatment in Bathurst. • More than a third (33.4%) of patient respondents felt the redevelopment would highly likely or almost certainly result in the hospital better attracting and retaining medical professionals and increase access to modern health services. • CRG members noted perceived benefits of the redevelopment including increased capacity, the provision of more services, helping to attract and retain staff and specialists. • Improved access to health services was also identified as a benefit in stakeholder interviews. However, stakeholders noted there would be a need for the hospital to continue supporting health outcomes as the Bathurst community continues to grow.	
Unmitigated impact	Likelihood = Almost Certain	Magnitude = Major
	Very High	
Enhancement measures proposed	N/A	
SIA specific mitigation measures	N/A	
Residual impact	Likelihood = Almost Certain	Magnitude = Major
	Very High	
Summary	The Bathurst Hospital redevelopment will result in significantly improved access to health care and a better care experience for patients. Patient survey respondents expressed a high level of confidence that the development would improve health care. Engagement with Aboriginal stakeholders has sought to deliver a redeveloped hospital that is welcoming and culturally safe, thereby improving access to care.	

Construction: Amenity impacts including dust, noise and vibration

Patients are likely to experience construction impacts such as noise, dust and vibration, to some degree, and wayfinding changes. Construction will decrease amenity, impact accessibility, and could contribute to increased stress and disrupted recovery for patients seeking hospital treatment during this time.

The impact assessment is presented in the table below.

Relevant social impact categories	• Health and wellbeing • Surroundings
Key evidence (social baseline, SIA engagement, technical assessments)	• All patient respondents (50%) of the SIA survey expected construction noise and disruption was at lease somewhat likely to occur as a result from the development, with dust expected to be highly likely or somewhat likely for a third (33.3%) of respondents. Patients were less concerned than hospital staff about potential construction impacts. • The Acoustic Report (Stantec) finds that all noise and vibration statutory criteria can be met.

Unmitigated impact	Likelihood = Almost Certain	Magnitude = Moderate
	High	
Mitigation measures proposed	• Construction to be undertaken in line with the Construction Impact Management Plan. • Works will take place only within standard construction hours. • Implement the mitigation measures outlined in the Acoustic Report (Stantec). • Timely, clear, and accurate communication throughout construction about impacts and access changes, informed by consultation with staff. • Clear signage in situ to assist patients to navigate any access changes. • Implement a process for receiving and managing enquiries and complaints related to the redevelopment works.	
SIA specific mitigation measures	• Seek feedback from a range of hospital user groups throughout construction to support a continuous improvement process to communicate construction impacts and access changes. • Messaging to acknowledge the discomfort associated with the construction process and thank hospital users for their patience while promoting the overall project benefits.	
Residual impact	Likelihood = Almost Certain	Magnitude = Moderate
	High	
Summary	Hospital patients are likely to experience impacts associated with construction. Although noise and vibration statutory criteria may be met, it is likely to still be noticeable at times. Clear, timely, and empathetic communication of impacts and changes to ensure patients and their caregivers know what to expect will increase their resilience to impacts. Seeking feedback for continuous improvement in communications could further enhance this mitigation.	

Construction: Accessibility impacts through reduced parking and wayfinding changes

Patients are likely to rely on their cars to access the hospital, with limited public transport, pedestrian, and cycling connectivity (**Table 13**). Active and public transport are also less viable options for people who are unwell.

Reduced car parking during construction could make it more difficult for patients to access the hospital. Community engagement findings indicated that parking was a major concern, and patient respondents indicated a high level of certainty that this impact would be experienced. People with a long-term health condition or living with a disability may be more sensitive to these impacts.

Construction is also likely to result in wayfinding changes, which may shift throughout the construction program depending on the location of works. This could make it more difficult to access services and appointments for hospital patients.

The impact assessment is presented in the table below.

Relevant social impact categories	• Accessibility • Health and wellbeing
Key evidence (social baseline, SIA engagement, technical assessments)	• The hospital is located away from the town centre and public transport and active transport options for accessing the hospital are limited (**Table 10**). People seeking health care are likely to have less mobility and therefore may find it more difficult to use these alternatives. • The SIA Community Survey found that 100% of patient respondents believed that temporary changes in car parking provision had a highly likely or almost certain chance of occurring. Additionally, 66.7% believed that decreased ease of getting around had a highly likely or almost certain occurrence. • The CRG meeting identified that parking is a major concern, with a reduction during construction being detrimental for the community, particularly staff and patients. • Stakeholder interviews identified major concerns around impacts to parking during construction, with increased demand from contractors placing additional pressure on parking that's already over capacity. There is concern around patients needing to park further away from the site, with particular concern for those with mobility constraints. A staff member noted that patients are consistently running late to appointments, with some giving up and not coming at all.

	• The SIA Community Survey found a very high level of concern around potential changes to parking provision during construction. Decreased ease of getting around is also a high concern for patients. Stakeholder interviews and the CRG meeting were also highly concerned around impacts to parking, as well as concerned about accessibility of services during construction. • The Prelim. Construction Transport Management Plan (TTW) anticipates on-site car parking to be impacted during construction due to construction taking place in existing car parking areas, to be further assessed by the appointed contractor.	
Unmitigated impact	Likelihood = Almost Certain	Magnitude = Major
	Very High	
Mitigation measures proposed	• The contractor will be required to prepare a Construction Pedestrian and Traffic Management Plan which will detail how traffic, pedestrian and cyclist access will be managed. Pedestrian and vehicle movements will be maintained with clear signage and traffic management personnel where required (Prelim. Construction Impact Management Plan – TSA Riley). • Construction worker vehicles will be recommended to park on Morrisett Street, approximately 13 minutes' walk from the hospital site with a tools drop-off point provided, and not permitted to park within 250m of the hospital (Prelim. Construction Transport Management Plan – TTW). • Enabling works will include upgrades to on-site parking to minimise impacts (Prelim. Construction Transport Management Plan – TTW). • A Green Travel Plan will be developed by the contractor encouraging employees and visitors, where possible, to use public transport, walking, cycling, or car share options (Prelim. Construction Transport Management Plan – TTW).	
SIA specific mitigation measures	• Timely, clear, and accurate communication with patients about any parking or access changes throughout construction, particularly ahead of planned appointments. • Establish and implement a Construction Wayfinding Strategy, ensuring that clear signage is provided and maintained throughout construction, and reflects access changes as they arise.	
Residual impact	Likelihood = Almost Certain	Magnitude = Moderate
	High	
Summary	The mitigation measures set out in the Prelim. Construction Transport Management Plan to manage workforce vehicle traffic are likely to somewhat reduce the impacts to car parking for patients. Green travel options are unlikely to be an effective mitigation of this impact for patients. The most significant car parking impact is likely to be construction taking place in existing parking areas. Although enabling works will seek to minimise this impact, it is likely that patient access to car parking will still be reduced during construction.	

Construction: Decanting of health services

To enable construction of the hospital redevelopment, the sub-acute voluntary mental health inpatient unit, Panorama Clinic, will need to be temporarily relocated off-site during construction with all other mental health and drug and alcohol services remaining on site.

Depending on individual cases, patients accessing mental health, drug and alcohol services may find this change challenging, which could impact their health and wellbeing.

The impact assessment is presented in the table below.

Relevant social impact categories	• Accessibility • Health and wellbeing
Key evidence (social baseline, SIA engagement, technical assessments)	• A dedicated team, 'change champions', and a clear communication strategy, informed by input from staff, would help to prepare staff for change and ensure impacts to patient care and health outcomes are managed (**Section 5.5.3**). • In the SIA Community Survey, 63.8% of staff respondents believed there was a highly likely or almost certain chance of temporary health service disruption and decreased ease of access occurring during construction.

	• Comments made in stakeholder interviews by staff indicated concerns around staff shortages, leading to increased stress and poorer health outcomes for the community. Decanting may cause additional stress for staff. • Over half of staff indicated a level of concern around temporary health service disruptions.	
Unmitigated impact	Likelihood = Almost Certain	Magnitude = Major
	Very High	
Mitigation measures proposed	• Consultation with staff and community to inform the selection of temporary locations.	
SIA specific mitigation measures	• Implement a change management approach, informed by consultation with staff, to proactively manage the process to ensure inpatients are supported through the location change, and staff are supported through the relocation to keep focus on patient care and health outcomes.	
Residual impact – rating and justification	Likelihood = Almost Certain	Magnitude = Moderate
	High	
Summary	While change management may support the process, inpatients accessing mental health services may still be vulnerable to impacts associated with change.	

7.3.2 Hospital staff

This stakeholder group encompasses all staff within the hospital, regardless of position or hours of work, and could also include students on placement.

Relationships to the site experienced by this stakeholder group include as a place to work, their place of residence if living in hospital accommodation (both for staff and students), and for education purposes. Some staff / students may also have been hospital patients in the past or sometime in the future or they may live nearby the hospital in the PSL.

Improved working environment through redevelopment leading to new, modern facilities

A new hospital with modern facilities and services will help improve the working environment for existing and future staff, potentially leading to an improved sense of wellbeing and morale amongst staff, making the hospital a good place to work, and a more attractive place to work for potential future staff.

The impact assessment is presented in the table below.

Relevant social impact categories	• Way of life • Health and wellbeing • Surroundings • Livelihoods
Key evidence (social baseline, SIA engagement, technical assessments)	• Design of the hospital environment has a significant impact on staff and patient wellbeing, with access to daylight, outdoor spaces, and nature particularly important (**Section 5.5.4**). • A strong and sustainable workforce is a key policy direction of the WNSWLHD (**Section 4.0**). • The SIA Community Survey highlighted that there was a relatively high number of staff believing that the workplace would be improved after the redevelopment. Over half (55.3%) believed that there was a highly likely or almost certain chance of health and wellbeing benefits due to improved care options. 44.7% identified the higher likelihood of being able to receive needed treatment in Bathurst, 42.5% increased ease of access to modern health care services, and 36.2% a better ability to attract and retain medical professionals in the area. • Engagement with staff has found that there is a strong level of support for the redevelopment of Bathurst Hospital, with many believing it is currently not up to standard. • Stakeholder interviews identified a high level of support for the redevelopment of Bathurst Hospital. Stakeholders felt the project will help the hospital to become a more pleasant

	environment to work in, hopefully helping to attract and retain staff and specialists, and to help build trust in the hospital. • Stakeholder interviews recognised that the consultation process with staff to inform the redevelopment plans had been done well. • However, some staff were concerned that healthcare provider-to-patient ratios will become more strained when demand and capacity increases resulting from additional beds in the new hospital, particularly if there is a shortfall in staff recruitment.	
Unmitigated impact	Likelihood = Likely	Magnitude = Major
	High	
Mitigation measures	• A workforce plan drafted by WNSWLHD to support the redevelopment (HI Engagement Report). • New staff recruitment to meet healthcare provider-to-patient ratio needs, as identified in the *Health Services Amendment (Nurse-to-Patient and Midwife-to-Patient Ratios) Bill 2022*. • The hospital's design has light-filled spaces, direct access to recreation areas, and improved connection to Victoria Park (Consultation Outcomes Report, HINSW). • Staff participation in Project User Groups to help plan the services or departments of the new hospital (Consultation Outcomes Report, HINSW).	
SIA specific mitigation measures	N/A	
Residual impact	Likelihood = Almost certain	Magnitude = Major
	High	
Summary	The hospital redevelopment is likely to result in a significantly improved working environment for staff, especially due to the increased access to natural light and outdoor spaces. If concerns about workforce to patient ratios are addressed, the overall impact to staff wellbeing resulting from the improved working environment will be high.	

Construction: Amenity impacts including noise, dust, vibration

Hospital staff are likely to experience impacts such as noise, dust and vibration associated with construction. This disruption could impact the amenity of their working environment and could add to stress levels.

The impact assessment is presented in the table below.

Relevant social impact categories	• Health and wellbeing • Surroundings	
Key evidence (social baseline, SIA engagement, technical assessments)	• The SIA Community Survey found that 65.2% of respondents believe construction noise and disruption has a highly likely or almost certain chance of occurring, while 56.5% hold this level of likelihood for dust and dirt from construction. • Stakeholder interviews with staff members of the LHD identified concerns about the impact to staff during construction from noise, dust, and vibration. • In stakeholder interviews, there was a "no pain, no gain" belief expressed that construction impacts could be tolerated because the overall improvements to the hospital would be worth it. • The Acoustic Report (Stantec) finds that all noise and vibration statutory criteria can be met.	
Unmitigated impact	Likelihood = Almost Certain	Magnitude = Moderate
	High	
Mitigation measures proposed	• Construction to be undertaken in line with the Construction Impact Management Plan. • Implement the mitigation measures outlined in the Acoustic Report (Stantec). • Timely, clear, and accurate communication throughout construction about impacts and access changes, informed by consultation with staff.	

	• Works will take place only within standard construction hours.	
SIA specific mitigation measures	• Ongoing consultation with staff to inform construction programming to minimise impacts. • Ongoing consultation with staff to ensure communications activity is effective, timely, and helpful. • Messaging to keep focus on the big picture and benefits that the redevelopment will bring in the long-term during construction, while acknowledging disruption and staff patience.	
Residual impact	Likelihood = Almost Certain	Magnitude = Minor
	Medium	
Summary	Hospital staff are likely to experience impacts associated with construction. Although noise and vibration statutory criteria may be met, it is still likely to be experienced as an increase compared to what staff are used to. However, it was expressed through the SIA engagement that effective communications about construction activity and good wayfinding would substantially improve staff tolerance of construction activity. Seeking feedback for continuous improvement in construction programming and communications could further enhance this mitigation.	

Construction: Accessibility impacts through reduced parking and wayfinding changes

Staff are likely to rely on their cars to access the hospital, with limited public transport, pedestrian, and cycling connectivity (**Table 13**), and shift work schedules. Reduced car parking could impact staff routines and travel times, potentially leading to increased stress. There was significant concern expressed amongst staff in the SIA engagement about the impact of construction on car parking.

The impact assessment is presented in the table below.

Relevant social impact categories	• Accessibility • Health and wellbeing	
Key evidence (social baseline, SIA engagement, technical assessments)	• 95.7% of staff who completed the SIA Community Survey believed that temporary change in car park provision is highly likely or almost certain to occur. Furthermore, 69.6% believed there was a highly likely or almost certain chance of decreased ease in getting around occurring during construction. • Parking was brought up as a concern amongst staff in stakeholder interviews. Currently, parking was considered inadequate, and it was perceived that construction would exacerbate the issue. • Public transport options to and from the hospital are limited (**Table 10**) and may be more challenging for shift schedules that do not usually match usual AM/PM peak travel times. • In stakeholder interviews, there was a "no pain, no gain" belief expressed that construction impacts could be tolerated because the overall improvements to the hospital would be worth it. • The Prelim. Construction Transport Management Plan (TTW) anticipates on-site car parking to be impacted during construction due to construction taking place in existing car parking areas, to be further assessed by the appointed contractor.	
Unmitigated impact	Likelihood = Almost Certain	Magnitude = Major
	Very High	
Mitigation measures proposed	• The contractor will be required to prepare a Construction Pedestrian and Traffic Management Plan which will detail how traffic, pedestrian and cyclist access will be managed. Pedestrian and vehicle movements will be maintained with clear signage and traffic management personnel where required (Prelim. Construction Impact Management Plan – TSA Riley). • Construction worker vehicles will be recommended to park on Morrisett Street, approximately 13 minutes' walk from the hospital site with a tools drop-off point provided, and not permitted to park within 250m of the hospital (Prelim. Construction Transport Management Plan – TTW). • Enabling works will include upgrades to on-site parking to minimise impacts (Prelim. Construction Transport Management Plan – TTW). • A Green Travel Plan will be developed by the contractor encouraging employees and visitors, where possible, to use public transport, walking, cycling, or car share options (Prelim. Construction Transport Management Plan – TTW).	

SIA specific mitigation measures	• Clear signage in situ to assist staff to navigate any access changes. • Ongoing communication with staff about wayfinding or access changes. • Identify offsite overflow parking areas for staff to provide an alternate option if there is no onsite availability.	
Residual impact	Likelihood = Almost Certain	Magnitude = Moderate
	High	
Summary	The mitigation measures set out in the Prelim. Construction Transport Management Plan to manage workforce vehicle traffic are likely to somewhat reduce the impacts to car parking for staff, although shift workers may find it more difficult to adopt alternative green travel options. The most significant car parking impact is likely to be construction taking place in existing parking areas. Although enabling works will seek to minimise this impact, it is likely that staff access to car parking will still be reduced during construction.	

7.3.3 Nearby residents

People within this stakeholder group are located within the PSL (see **Figure 12**), with the most sensitive receivers located along the neighbouring streets of Howick Street, Commonwealth Street, and Durham Street.

Residents in the PSL may experience additional vulnerability to impacts, due to being on average older, experience socio-economic disadvantage, and more likely to rent, live alone, and born in a non-English speaking country, compared to the average for Regional NSW.

Residents nearby the hospital may also be hospital workers or students, visitors, patients, or patient family members. They may experience the redevelopment from multiple perspectives.

Construction: Amenity impacts, including additional noise, dust, vibration

During construction, there is expected to be increased dust, noise, and vibration. Adjacent residents, particularly along Howick Street, Commonwealth Street, and Durham Street could experience disruptions to way of life and reduced quiet enjoyment of their homes during construction. People who are home during the day, including those who work from home, may be more impacted. Shift workers may have their sleeping patterns impacted.

Households with babies and young children, those with a long-term health condition, and those living with disability may be more sensitive to these impacts.

The impact assessment is presented in the table below.

Relevant social impact categories	• Health and wellbeing • Surroundings	
Key evidence (social baseline, SIA engagement, technical assessments)	• The community health profile (**Section 5.2.1**) indicates a higher prevalence of self-reported long-term health conditions in the PHA (37.8 adults and 13.7 children per 100 population) compared to WNSWLHD and Regional NSW. People with health conditions may be more sensitive to impacts. • The community health profile shows a high rate of people living with profound or severe core activity limitation in the PHA (6.7 per 100) compared to WNSWLHD and Regional NSW. 9.6 people in the PHA live with a moderate or mild core activity limitation (**Table 12**). • There is one retirement village and one aged care service in the PSL (**Table 13**). Older residents of these communities may be more vulnerable to amenity impacts. • Over half of survey respondents (57.2%) believed construction noise and disruption had a highly likely or almost certain chance of occurring. • The CRG meeting highlighted concerns around increased noise impacts for surrounding residents.	
Unmitigated impact	Likelihood = Likely	Magnitude = High
	High	

Mitigation measures proposed	• Construction to be undertaken in line with the Construction Impact Management Plan. • Works will take place only within standard construction hours. • Implement the mitigation measures outlined in the Acoustic Report (Stantec). • The contractor will be required to maintain a community liaison officer, who will be contactable by phone and email, with the contact details widely available to neighbouring residents and maintain a register of enquiries and complaints (Prelim. Construction Management Plan, TSA Riley).	
SIA specific mitigation measures	• Contractor's community liaison officer to undertake proactive communications to ensure neighbours know what to expect, particularly when more impactful works are planned. Where possible, consult with neighbours to identify opportunities to further mitigate impacts	
Residual impact – rating and justification	Likelihood = Likely	Magnitude = Moderate
	Medium	
Summary	Nearby residents are likely to experience noticeable impacts associated with construction. Although noise and vibration statutory criteria may be met, it is still likely to be experienced as an increase compared to what neighbours are used to. Ensuring residents have access to an enquiries and complaints service, consulting where practicable, and providing them with regular updates about what to expect, could improve resilience to impacts.	

7.4 Assessment of social impacts – medium and low (summary)

The following social impacts have been considered as part of the scoping assessment and were rated as either 'medium' or 'low' based on the primary and secondary research to inform the assessment:

- Changed visual character of the area with new hospital buildings.
- Uncertainty around potential future expansions of the hospital.
- Additional operational noise including ambulances and helicopters.
- Reduced amenity of nearby public spaces (i.e. Victoria Park) during construction.
- Relocation of main entrance to Mitre Street, potentially reducing travel volumes and noise for residents on Howick Street.
- Potential community fears associated with the expanded mental health unit.
- Impacts to students' accessibility to placement during construction.

8.0 Conclusion

An assessment of the social impact categories, as defined within the Social Impact Assessment Guideline (NSW DPE, 2023) has been undertaken with consideration to the issues identified through the baseline analysis. Each material impact has been appraised in terms of the significance of the impact, based on the likelihood and magnitude of the change experienced by the community.

The Bathurst Hospital Redevelopment will deliver improved access to health services and a better care experience to existing and future patients of the hospital, delivering significant long-term benefits. It will also provide an improved working environment, improving health and wellbeing and helping to attract and retain staff.

While the project will ultimately have a significant positive impact, there are some key impacts associated with construction that will need to be carefully managed. Staff and patients are particularly concerned about accessibility and reduced car parking. The temporary relocation of the Panorama Clinic could also be a significant impact to its voluntary inpatients and staff.

8.1 Summary of notable impacts

The most significant social benefits of the proposal relate to:

- Improved access to health services, providing a better care experience.
- Improved working environment through the redevelopment of the hospital.

Key negative impacts identified with the proposed development relate to:

- Amenity impacts during construction, including noise, vibration, and dust.
- Accessibility impacts during construction, including reduced car parking and wayfinding changes.
- Decanting of health services during construction, specifically mental health and drug and alcohol services.

8.2 Management and mitigation of impacts

The following SIA-specific recommendations are provided to further manage the potential social impacts, arising from the proposal (Table 23).

Table 20 Mitigation and enhancement measures summary

Social impact	Stakeholder group	Mitigation and Enhancement Measures – SIA Specific
Key positive social impacts		
Improved access to health services, providing a better care experience.	• Hospital patients	• No specific SIA enhancements identified for this impact.
Improved working environment through the redevelopment of the hospital.	• Hospital staff	• No specific SIA enhancements identified for this impact.
Key negative social impacts		
Amenity impacts during construction, including noise, vibration, and dust.	• Hospital patients	• Widely promote feedback channels (i.e. phone, email and meeting forums to a range of hospital user groups including patients throughout construction to support a continuous improvement process to communicate construction impacts and access changes. • Messaging to acknowledge the discomfort associated with the construction process and thank hospital users for their patience while promoting the overall benefits.

Social impact	Stakeholder group	Mitigation and Enhancement Measures – SIA Specific
	• Hospital staff	• Ongoing consultation with staff to inform construction programming to minimise impacts and to ensure communications is effective, timely, and helpful. • Messaging to keep focus on the big picture and benefits in the long-term during construction, while acknowledging disruption and staff patience.
	• Adjacent residents	• Contractor's community liaison officer and Health Infrastructure to undertake proactive communications to ensure neighbours know what to expect, particularly when more impactful works are planned.
Accessibility impacts during construction, including reduced car parking and wayfinding changes	• Hospital staff	• Clear signage in situ to assist staff to navigate any access changes. • Ongoing communication with staff about wayfinding or access changes throughout construction. • Identify offsite overflow parking areas for staff to provide an alternate option if there is no onsite availability.
	• Hospital patients	• Timely, clear, and accurate communication with patients about any parking or access changes throughout construction, particularly ahead of planned appointments. • Establish and implement a Construction Wayfinding Strategy, ensuring that clear signage is provided and maintained throughout construction, and reflects access changes as they arise.
Decanting of health services during construction, specifically Panorama Clinic	• Hospital patients • Hospital staff	• Implement a change management approach, informed by consultation with staff, to proactively manage the process to ensure patients are supported through the location change, and staff are supported to keep focus on patient care and health outcomes.

8.3 Summary of mitigation measures

Table 21 SIA Mitigation Measures

Project Stage *Design (D)* *Construction (C)* *Operation (O)*	Mitigation Measures	Relevant Section of Report
C	• Ongoing communication with hospital user groups (including staff and patients) throughout project delivery, including: - Communicating about wayfinding, parking and access changes. - Widely promote feedback channels (i.e., phone, email, and meeting forums) to support a continuous improvement process. - Messaging to acknowledge the discomfort associated with construction and promote long-term benefits.	• Section 7.3.1 • Section 7.3.2
C	• Contractor's community liaison officer and Health Infrastructure to undertake proactive communications to ensure neighbours know what to expect, particularly when more impactful works are planned.	• Section 7.3.3
C	• Identify offsite overflow parking areas for staff to provide an alternate option if there is no onsite availability.	• Section 7.3.2

Project Stage *Design (D)* *Construction (C)* *Operation (O)*	Mitigation Measures	Relevant Section of Report
C	• Establish and implement a Construction Wayfinding Strategy, ensuring that clear signage is provided and maintained throughout construction, and reflects access changes as they arise. • Clear signage in situ to assist hospital users (including staff and patients) to navigate any access changes.	• Section 7.3.1 • Section 7.3.2
C	• Implement a change management approach, informed by consultation with staff, to proactively manage the temporary relocation process to ensure patients and staff are supported.	• Section 7.3.1

Appendix A Detailed social baseline

B.1 Demographic profile

Category	PSL	SSL	Regional NSW
Income			
Median individual income (annual)	$35,260	$41,530	$37,560
Variation from Regional NSW median	*-6.1%*	*+10.6%*	*n.a.*
Median household income (annual)	$66,720	$82,630	$75,280
Variation from Regional NSW median	*-11.4%*	*+9.8%*	*n.a.*
Individual income			
No income	5.6%	7.5%	7.5%
Low	43.1%	34.3%	38.5%
Medium	43.6%	47.7%	44.1%
High	7.7%	10.5%	9.9%
Household income			
No income	0.3%	1.6%	1.6%
Low	22.8%	15.9%	18.0%
Medium	48.4%	42.8%	43.9%
High	28.5%	39.7%	36.5%
Age Structure			
0 years	1.3%	1.1%	1.0%
1-2 years	1.7%	2.2%	2.2%
3-4 years	1.5%	2.4%	2.2%
5-6 years	2.6%	2.5%	2.4%
7-11 years	4.2%	6.3%	6.2%
12-17 years	6.1%	8.3%	7.4%
18-24 years	10.0%	9.2%	7.5%
25-34 years	12.3%	13.0%	11.5%
35-49 years	15.3%	17.9%	17.5%
50-59 years	10.2%	12.3%	12.9%
60-69 years	11.5%	11.7%	13.4%
70-84 years	17.6%	10.6%	12.9%
85 years and over	5.7%	2.4%	2.7%
Males	47.5%	50.2%	49.2%
Females	52.5%	49.8%	50.8%
Median Age (years)	43.2	38.8	42.4
Country of Birth			
Australia	86.2%	89.5%	88.5%
Aboriginal and Torres Strait Islanders	*43.2%*	*7.6%*	*7.0%*
Other Major English Speaking Countries	4.7%	4.4%	5.4%
Other Overseas Born	9.1%	6.1%	6.1%
% speak English only at home	*91.3%*	*94.0%*	*93.5%*
Household Composition			
Couple family with no children	25.4%	27.5%	29.7%
Couple family with children	17.2%	27.7%	26.6%
Couple family - Total	42.6%	55.2%	56.3%
One parent family	13.5%	12.7%	11.7%
Other families	0.8%	1.0%	0.8%
Family Households - Total	56.9%	69.0%	68.8%
Lone person household	38.7%	27.6%	28.0%
Group Household	4.4%	3.4%	3.2%

Dwelling Structure (Occupied Private Dwellings)			
Separate house	76.6%	85.1%	82.9%
Semi-detached, row or terrace house, townhouse etc.	9.1%	10.2%	9.9%
Flat, unit or apartment	14.4%	4.4%	6.2%
Other dwelling	0.0%	0.3%	1.0%
Occupancy rate	*89.2%*	*91.0%*	*88.8%*
Average household size	2.1	2.5	2.4
Tenure Type (Occupied Private Dwellings)			
Owned outright	31.6%	34.5%	38.9%
Owned with a mortgage	21.9%	33.3%	32.0%
Rented	42.4%	30.6%	26.9%
State or territory housing authority	4.7%	3.2%	2.9%
Housing co-operative/community/church group	0.0%	0.7%	1.0%
Other	37.7%	26.6%	22.9%
Other tenure type	4.1%	1.6%	2.2%
Attending Education (% of those attending)			
Pre-school	10.6%	9.0%	9.4%
Infants/Primary Total	28.4%	33.8%	35.8%
Government	62.0%	60.7%	69.4%
Catholic	27.7%	33.0%	20.8%
Other	10.2%	6.4%	9.9%
Secondary Total	25.5%	29.4%	27.6%
Government	60.2%	54.8%	62.4%
Catholic	22.8%	27.2%	23.1%
Other	17.1%	18.0%	14.6%
Technical or Further Educational Institution	16.4%	10.8%	11.2%
University or other Tertiary Institution	17.4%	15.0%	13.8%
Other type of educational institution	1.7%	1.9%	2.2%
% of total population attending education	*19.9%*	*24.7%*	*21.9%*
Highest Level of Education Completed (% of population aged 15 years and over)			
Year 12 or equivalent	54.1%	52.9%	48.4%
Year 9-11 or equivalent	39.4%	42.8%	46.5%
Year 8 or below	5.8%	3.9%	4.7%
Did not go to school	0.6%	0.4%	0.4%
Employment Status			
Unemployed/ looking for work	5.2%	4.0%	4.5%
Labour force participation rate	52.4%	60.2%	56.3%
Need for Assistance			
With Need for Assistance	13.6%	7.0%	7.3%
No Need for Assistance	86.4%	93.0%	92.7%

Top 10 Countries of Birth	**PSL**	**SSL**	**Regional NSW**
1	Australia (86.2%)	Australia (89.5%)	Australia (88.5%)
2	England (2.6%)	England (2.1%)	England (3.0%)
3	Philippines (1.5%)	New Zealand (1.1%)	New Zealand (1.2%)
4	India (1.4%)	India (0.9%)	India (0.8%)
5	Nepal (1.1%)	Philippines (0.6%)	Philippines (0.5%)
6	New Zealand (0.6%)	Nepal (0.4%)	Germany (0.3%)
7	Sri Lanka (0.6%)	Scotland (0.4%)	South Africa (0.3%)
8	Scotland (0.4%)	South Africa (0.3%)	Scotland (0.3%)

9	Thailand (0.4%)	Netherlands (0.2%)	China (0.3%)
10	South Africa (0.4%)	China (0.2%)	United States of America (0.3%)
Top 10 Languages Spoken at home (other than English)	**PSL**	**SSL**	**Regional NSW**
1	Nepali (0.9%)	Nepali (0.5%)	Mandarin (0.4%)
2	Arabic (0.8%)	Punjabi (0.4%)	Italian (0.4%)
3	Afrikaans (0.7%)	Arabic (0.3%)	Punjabi (0.3%)
4	Tagalog (0.7%)	Tagalog (0.3%)	Macedonian (0.3%)
5	Australian Indigenous (0.6%)	Mandarin (0.2%)	Spanish (0.3%)
6	Vietnamese (0.5%)	Spanish (0.2%)	Arabic (0.3%)
7	Hindi (0.4%)	Urdu (0.2%)	Nepali (0.2%)
8	Tamil (0.4%)	Hindi (0.2%)	German (0.2%)
9	Filipino (0.4%)	Vietnamese (0.2%)	Malayalam (0.2%)
10	Bengali (0.3%)	Thai (0.2%)	Tagalog (0.2%)
Religion			
Buddhism	1.2%	0.7%	0.8%
Christianity	57.1%	60.9%	55.7%
Hinduism	2.0%	1.1%	0.8%
Islam	0.4%	0.7%	0.7%
Judaism	0.0%	0.0%	0.1%
Other Religions	0.7%	0.8%	0.7%
No religious association	38.6%	35.8%	41.2%
Long-term Health Conditions			
Arthritis	11.4%	9.3%	10.3%
Asthma	8.8%	10.0%	8.5%
Cancer	2.5%	2.9%	2.9%
Dementia	2.4%	0.8%	0.6%
Diabetes	5.2%	4.5%	4.4%
Heart disease	3.7%	3.6%	4.2%
Kidney disease	0.6%	0.8%	0.7%
Lung condition	2.4%	1.8%	2.0%
Mental health condition	10.6%	9.8%	9.4%
Stroke	1.7%	1.0%	0.7%
Other	11.3%	8.0%	7.4%
None	39.4%	47.6%	48.8%
Provided Unpaid Childcare			
Females	24%	33%	31%
Males	19%	26%	24%

B.2 Social and health factors

Several indicators related to social and health conditions for the PHA, Bathurst Regional, and Western NSW Local Health District (WNSWLHD) are summarised in **Table 8** and **Figure 8**. These show that Bathurst PHA has:

- A higher proportion of people from non-English countries (>5 years residence) than the broader region and WNSWLHD, but less than in Regional NSW.
- A higher proportion of people providing unpaid childcare (own children and other children) than the broader region, WNSWLHD, and Regional NSW.

- A higher proportion of people renting social housing than the broader region, WNSWLHD, and Regional NSW.
- A lower proportion of people volunteering than in the broader region, WNSWLHD, and Regional NSW.
- A proportion of people living with a disability that is consistent with the broader region and WNSWLHD.

Table 22 Social and health indicators

Health metric	PHA (Bathurst)	Bathurst Regional	Primary Health Network (WNSWLHD)	Regional NSW
Country of birth (non-English speaking, 5> years residence)	4.5%	4.2%	3.6%	5.2%
Unpaid childcare (own & other children)	27.3%	27.1%	26.1%	25.6%
Social housing (persons in rented dwellings)	4.4%	3.4%	4.3%	3.5%
Community strength (volunteering)	14.4%	14.9%	16.4%	15.5%
Disability (number of people aged 15 years and over who are primary carers)	5.0%	5.0%	4.9%	N/A

Source: Public Health Information Development Unit (PHIDU) Torrens University, 2022

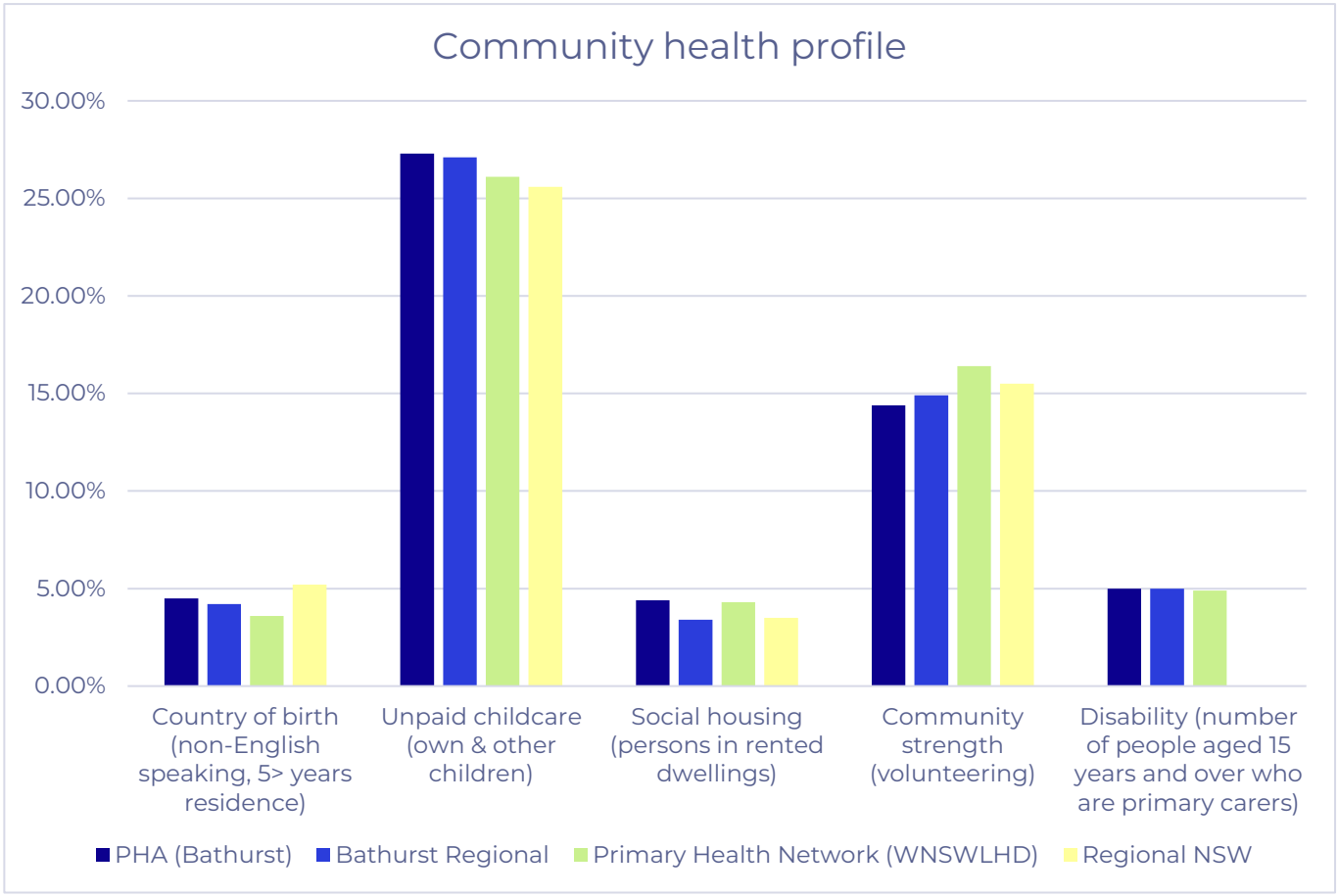

Figure 22 Social and health indicators

Source: Public Health Information Development Unit (PHIDU) Torrens University, 2022

B.3 Long term health conditions

A comparison of long-term health conditions between the areas are provided in **Table 23** and **Figure 23** which is shown at a rate per 100 population across all ages. These show that Bathurst PHA has:

- Greater prevalence of self-reported long-term health conditions for both adults and children, than the WNSWLHD and Regional NSW.
- Mental health conditions, arthritis, and asthma are the most reported long-term health conditions.

Table 23 Health statistics (rate per 100 population – all ages)

Health condition	Bathurst Population Health Area	Bathurst Regional	Western NSW Local Health District	Regional NSW
Arthritis	10.2	10.0	9.6	9.8
Asthma	11.5	11.1	10.2	9.6
Cancer (including remission)	3.1	3.1	2.8	3.0
Dementia (including Alzheimer's)	0.9	0.8	0.7	0.7
Diabetes (including gestational diabetes)	5.0	4.8	5.1	4.6
Heart disease (including heart attack or angina)	3.8	3.8	4.2	4.1
Kidney disease	0.9	0.9	1.0	1.1
Lung disease (including COPD or emphysema)	2.0	1.9	2.2	2.1
Mental health conditions (including anxiety and depression)	11.5	11.0	10.1	10.7
Stroke	1.0	1.0	0.9	1.0
Other long-term health conditions	9.1	8.8	7.4	8.0

Source: Public Health Information Development Unit (PHIDU) Torrens University, 2022

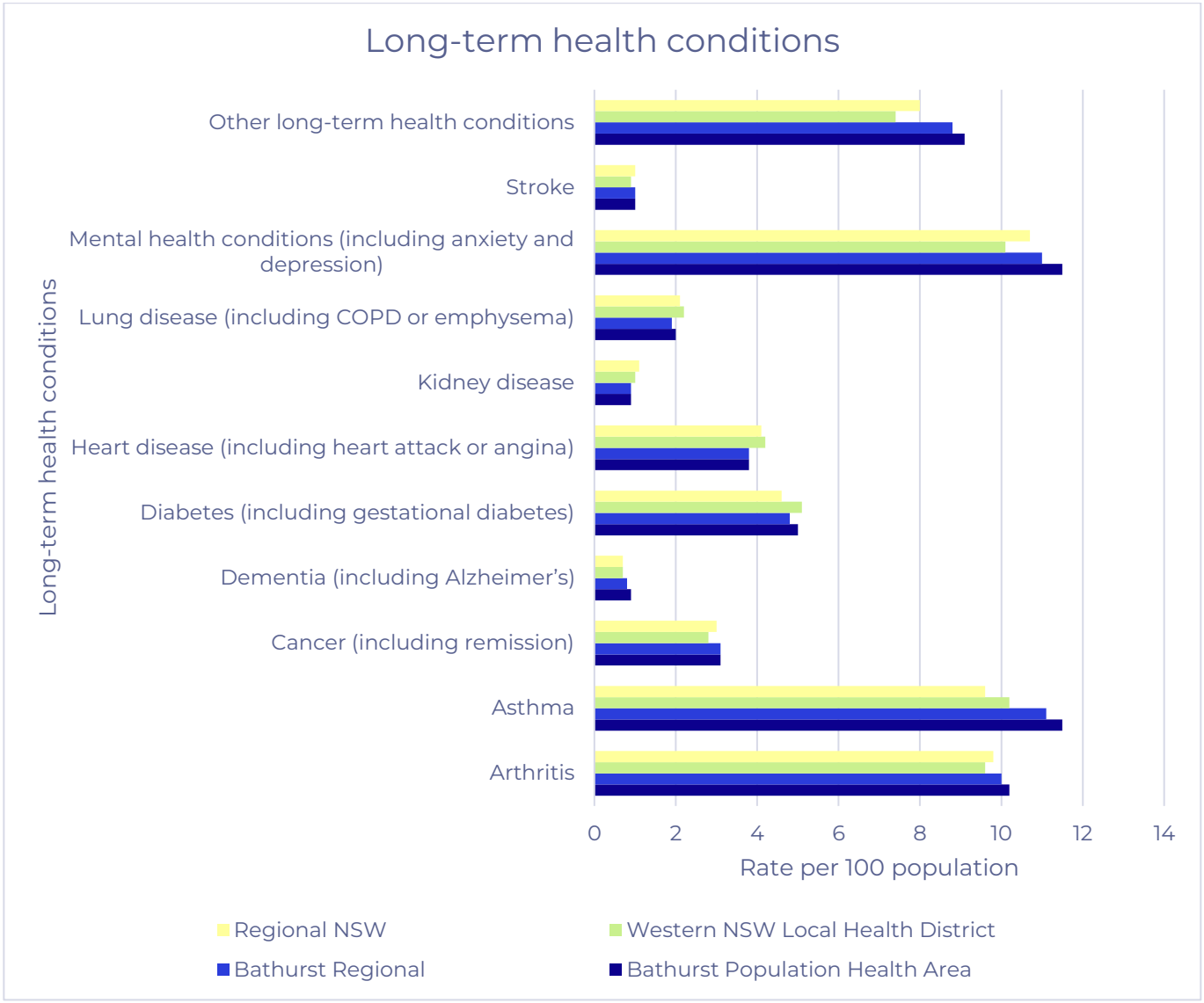

Figure 23 Long-term health conditions for all ages (rate per 100 population)

Source: Public Health Information Development Unit (PHIDU) Torrens University, 2022

Appendix B Detailed SIA community survey analysis

Summary

- Respondents were typically of an **older age group**, with the **most common age brackets** in the survey being **45-54 years (26.0%)**, 65+ years (20.2%), and both 35-44 years and 55-64 years (19.2%).
- Over **half of respondents** were **connected to the hospital as staff (57.7%)**, while 41.2% lived in the local area. Most respondents had maintained a connection to Bathurst Hospital for more than 20 years (44.2%).
- Respondents valued Bathurst's **easy accessibility in getting around places (65.3%)**, the area's sense of place and 'big country town' feel (54.1%), and its family friendly nature and sense of community (43.9%).
- Areas for consideration when completing the SIA identified by respondents were around:
  - Bathurst's **existing access to health services**, and the **need for improvement**.
  - The need to address the **anticipated increase in demand for health services** as the population grows.
  - **Poor public and active transport accessibility**.
  - Significant concerns around **existing parking constraints**, the impacts of construction on parking, and the need for more parking during operation.
  - Having the hospital design be **reflective of the local community**, with the site being able to be **accessed by everyone**.
- There is a **strong level of support** for the redevelopment project. **Nearly all respondents (94.0%) indicated a level of support**, with almost half (47.6%) absolutely supporting the proposal.
- During construction, respondents are **most concerned about the provision of car parking (89.2% believe it is almost certain or highly likely to occur)**, decreased ease of getting around (63.8% almost certain or highly likely), and construction noise and disruption (62.7% almost certain or highly likely). **Most respondents** believed **increased support for local businesses** is the **most likely benefit of construction (41.7% almost certain or highly likely)**.
- Operational benefits identified as **most likely to occur** by respondents included **health and wellbeing benefits due to improved care options (53.6% almost certain or highly likely)**, more able to receive treatment in Bathurst (43.2% almost certain or highly likely), and increased ease of access to modern health care services (42.8% almost certain or highly likely).
- Respondents believed that **changed visual appearance of the existing hospital site** was the impact **most likely to occur during operation (51.2% almost certain or highly likely)**, followed by sense of uncertainty about future expansion (31.3% almost certain or highly likely).
- N= identifies number of respondents per question

Table 24 Key themes from survey – open question responses

Key theme	Comments
Access to health services	• There is a need for improved health services at Bathurst Hospital, with people needing to travel to either Orange or Dubbo to access other services and specialists. The redevelopment provides an excellent opportunity to improve primary health care for the Bathurst community. However, there is some scepticism around whether services will be adequate. • Connections to the hospital, including public transport, need to be improved. • Support for the Emergency Department (ED) being increased in size, but ward capacity also needs to be expanded. • There is a need for a plan and more funding to provide health services in Bathurst to secure better health outcomes for the community. • Consider relocating Community Health to the CBD to reduce parking constraints at hospital site and increase accessibility through being in a more prominent area. • There is a large number of people in residential aged care, NDIS recipients, people from low socio-economic backgrounds, and people living with disability and/or a long-term health condition. This places further stress on health services.

Key theme	Comments
	• A need for increased family friendly services and facilities. • Waiting times are currently too long, there is poor availability of specialists, and consult costs are increasing. • Access to services for vulnerable community members needs to be improved, such as First Nations people. • The project is long overdue and will hopefully address and rectify the mistakes made in the previous redevelopment. • There is the potential of retaining nursing students due to new and expanded facilities, as well as encouraging the non-local health workforce to remain in Bathurst if feasible. • The redevelopment will help raise the profile of the hospital, lifting community pride and trust in the hospital.
Bathurst's growing population	• Bathurst is continually growing in population. The existing hospital is too small to provide adequate and safe health care, particularly for the growing number of families and older people. • The hospital redevelopment will help to cater to Bathurst's growing population, both in young families and older people. • The existing medical and surgical wards are too small to cater for the demand. • Long General Practitioner (GP) wait times have led to an increased reliance on the ED, further straining capacity. • The redevelopment needs to ensure that it will cater for additional population growth. • There is a general lack of social infrastructure including health and medical, schools, and public transport to cater to Bathurst's population growth. • Concerned that the population growth will lead to a loss of social cohesion and community connection. • The number of vulnerable communities in Bathurst is growing.
Public and active transport accessibility	• Bathurst has limited bus services; there is a need for increased and additional services, including between the station, CBD, and hospital. • Provide free public transport for people unemployed / on a pension to provide better accessibility to appointments at the hospital. • There is a need for more bus services to smaller towns within Bathurst LGA. • Improved walking accessibility to the hospital is needed. • Would like to see less focus on cars, making Bathurst safer for people walking, using prams, people using wheelchairs. • While it is important to improve public transport accessibility to the site i.e. buses, this is not a sustainable form of transport for all hospital users, including people in wheelchairs, and those using prams. • Footpaths surrounding the site should be widened to cater for those using wheelchairs / mobility scooters. There should also be raised pedestrian crossings to further improve accessibility.
Impacts to surrounding residents	• Inadequate parking on site places pressure on street parking, impacting accessibility for residents.
Parking constraints	• This is limited parking for both patients and staff. • There is not enough disabled parking provision. • Should consider providing a multi-storey carpark on site. • Parking constraints leads to people being unable to attend appointments due to needing to park a long way from the site. • The steep slope of the surrounding streets makes street parking inaccessible for those with mobility constraints. • Specific parking concerns, including too little provision for people living with disabilities, staff, and patients.
Poor community health outcomes	• Poor food choices in Bathurst are leading to poor health outcomes for the community. • Inadequate health services for an ageing population are increasing the risk of poorer health outcomes.

Key theme	Comments
	• There is a need to look at the social detriments of health to try to reduce poor health outcomes in the community and reduce the need for people to access the hospital. • Services provided at the hospital are too focused on temporary relief, rather than providing continual care. • There is a need for greater focus on tertiary care rather than solely on primary care to help provide full support for the community's health outcomes. • There is a need to provide more after-hours GPs to reduce reliance on the emergency department; too many patients rely on the ED to receive treatment, which is unfeasible, and with longer wait times, leading to poorer health outcomes.
Hospital design	• Would be nice for views from hospital beds along Durham Street to be maintained. • There needs to be clear wayfinding for those travelling to the hospital, just outside the hospital, and within the hospital to help all users to access what they need easily and efficiently. • The hospital needs to be designed to be able to be used by everyone, with special considerations for those with mobility constraints. • There is concern around the helicopter pad being relocated to the airport during construction due to the access being flood prone; the helicopter pad needs to remain closer to the hospital, or in the nearby park. • Consider providing an easy access drop off / pick up point near key hospital entrances and services. • The current proposal has service levels being spread out rather than increased. There are still some services that are needed that aren't included in the redevelopment e.g. permanent fracture clinic, radiation clinic. • A greater focus on engaging with multicultural communities is needed to understand their needs for care, and on the design of the hospital. • The hospital design should promote good health outcomes such as providing healthy food at cafes and promote a safe working environment. • Provide a nice outdoor space such as a garden for patients and their visitors to enjoy rather than being stuck inside. • The proposal needs to think about whether the redevelopment will cater for the future population, not just the population now. This will save a lot of time and money. • Improvement of signage and wayfinding around and within the site, including inside the hospital.
Project communications and staff wellbeing	• Needed to ensure there is enough staff to service the new hospital; the current workload is unsustainable, and there are concerns this will only get worse. • There is a need for continual and regular communication and updates to staff and the community. • To support the new hospital, there is a need for increased educators to support the new staff required for the hospital.
Impacts during construction	• Concerns around some services being moved off-site during construction, reducing accessibility for some. • Changes to the working environment, increasing difficulties and disruptions for nurses and staff. • There is concern around potential wayfinding struggles during construction if signage is poor and inadequate. • Concerns around the temporary relocation of the helipad to the airport during construction, as the area is impacted by flooding. • Some complaints about the long-winded process of the project; the community is concerned that construction timeframes will blow out like the last redevelopment.

Question One – Age (n= 104)[16]

[16] N= identifies number of respondents per question

Respondents were asked to identify their age bracket. The top three most common ages identified were 45-54 years (26.0%), 65+ years (20.2%), and both 35-44 years and 55-64 years (19.2%). An older population aligns with an older population present in Bathurst through the demographics analysis in **Section 5.2** of the report. It could also be attributed to a typically older population present as a patient in a hospital. A detailed snapshot is provided below in **Table 25.**

Table 25 Age of survey respondents

Age bracket	Frequency (no.)	Frequency (%)
Under 18	0	0.0%
18-24	7	6.7%
25-34	9	8.7%
35-44	20	19.2%
45-54	27	26.0%
55-64	20	19.2%
65+	21	20.2%

Question Two – Connection to Bathurst Hospital (n= 104)

Respondents were asked to identify their connection to Bathurst Hospital. Respondents could select more than one response if they had multiple connections. Over half of respondents (57.7%) identified that they worked in the hospital. 41.4% live in the local area, while 7.7% are existing patients at the hospital. Respondents also had an option where they could identify other connections to the hospital. Others mentioned include:

- Council worker
- Family member of a patient
- Former / retired hospital worker
- Former patient
- Member of the Bathurst Hospital Community Reference Group (CRG)

A detailed snapshot is provided below in **Table 26.**

Table 26 Connection to Bathurst Hospital

Connection to Bathurst Hospital	Frequency (no.)	Frequency (%)
I work at the hospital	60	57.7%
I am a patient at the hospital	8	7.7%
I live in the local area	43	41.2%
I work in the local area	10	9.6%
I am a healthcare professional interested in the redevelopment	7	6.7%
Other (please specify)	14	13.5%

Question Three – Length of Connection to Bathurst Hospital (n=104)

Respondents were asked to identify how long they have maintained their connection to Bathurst Hospital. Most respondents had maintained a connection for more than 20 years (44.2%). Very few respondents (2.9%) had only had a connection for less than 12 months. A detailed snapshot is provided below in **Table 27.**

Table 27 Length of connection to Bathurst Hospital

Length of connection to Bathurst Hospital	Frequency (no.)	Frequency (%)
Less than 12 months	3	2.9%
More than 12 months but less than 5 years	20	19.2%
More than 5 years but less than 10 years	19	18.3%
More than 10 years but less than 20 years	16	15.4%
More than 20 years	46	44.2%

Question Four – Respondents who are Mobility Impaired or Require Assistance (n= 104)

Respondents were asked to identify whether they had any mobility impairments or require assistance. Over three quarters of respondents (83.7%) identified they did not have any mobility impairments or required assistance. 4.8% did require assistance, either only occasionally or not for everything. 1.9% required significant assistance. Respondents were also provided another option, with comments including identifying a long-term health condition they have, or that they care for someone who needs assistance. A detailed snapshot is provided below in **Table 28.**

Table 28 Respondents who are mobility impaired or require assistance

Respondents who are mobility impaired or require assistance	Frequency (no.)	Frequency (%)
Yes, significant assistance	2	1.9%
Yes, but not for everything	5	4.8%
Yes, buy only occasionally	5	4.8%
No	87	83.7%
Other (please specify)	5	4.8%

Question Five – Values of Bathurst (N= 98)

Respondents were asked to highlight what they valued about the Bathurst area currently. Respondents could select more than one value. Nearly two thirds of respondents (65.3%) valued how easy the area is to get around and access the places they need. Over half highlighted they valued the sense of place and 'big country town' feel (54.1%) and the good provision of local shops, businesses, open space, and work opportunities (52.0%). Respondents could also describe other values for Bathurst. Values highlighted included Bathurst's proximity to Sydney, and the beauty of the town and landscape. A detailed snapshot is provided below in **Table 29.**

Table 29 What survey respondents value about Bathurst

Values of Bathurst	Frequency (no.)	Frequency (%)
The friendly, close-knit community	43	43.9%

Values of Bathurst	Frequency (no.)	Frequency (%)
Easy to get around and access to the places I need to	64	65.3%
Good provision of local shops, businesses, open space and work opportunities	51	52.0%
Great for families	43	43.9%
Sense of comfort and safety	39	39.8%
Sense of place and 'big country town' feel	53	54.1%
Other (please specify)	5	5.1%

Question Six – Additional Considerations for Completion of the SIA (N= 59)

Respondents were asked to identify if there was anything else they'd like the project team to know about the Bathurst area as the SIA is prepared. Some of the main themes mentioned by respondents included parking constraints of the existing hospital, poor public and active transport accessibility to the site, and the need to improve access to health services for the Bathurst community. A thematic analysis of responses is shown in **Table 30** below.

Table 30 Additional considerations for the completion of the SIA

Theme	Frequency (no.)	Comment
Access to health services	10	• There is a need for improved health services at Bathurst Hospital, with people needing to travel to either Orange or Dubbo to access specialists. • Connections to the hospital, including public transport, need to be improved. • Support for the Emergency Department (ED) being increased in size, but ward capacity also needs to be expanded. • There is a need for a plan and more funding to provide health services in Bathurst. • There needs to be less reliance on services in Orange. • Consider relocating Community Health to the CBD to reduce parking constraints at hospital site and increase accessibility through being in a more prominent area. • There is a large number of people in residential aged care, NDIS recipients, people from low socio-economic backgrounds, and people living with disability and/or a long-term health condition. This places further stress on health services. • A need for increased family friendly services and facilities. • Waiting times are currently too long, there is poor availability of specialists, and consult costs are increasing. • Access to services for vulnerable community members needs to be improved, such as First Nations people.
Bathurst's growing population	7	• Bathurst is continually growing in population. The existing hospital is too small to provide adequate and safe health care, particularly for the growing number of families and older people. • The existing medical and surgical wards are too small to cater for the demand. • Long General Practitioner (GP) wait times have led to an increased reliance on the ED, further straining capacity. • The redevelopment needs to ensure that it will cater for additional population growth. • There is a general lack of social infrastructure including health and medical, schools, and public transport to cater to Bathurst's population growth. • Concerned that the population growth will lead to a loss of social cohesion and community connection.

Theme	Frequency (no.)	Comment
		• The number of vulnerable communities in Bathurst is growing.
Public and active transport accessibility	17	• Bathurst has limited bus services; there is a need for increased and additional services, including between the station, CBD, and hospital. • Provide free public transport for people unemployed / on a pension to provide better accessibility to appointments at the hospital. • There is a need for more bus services to smaller towns within Bathurst LGA. • Improved walking accessibility to the hospital is needed. • Would like to see less focus on cars, making Bathurst safer for people walking, using prams, people using wheelchairs. • While it is important to improve public transport accessibility to the site i.e. buses, this is not a sustainable form of transport for all hospital users, including people in wheelchairs, and those using prams. • Footpaths surrounding the site should be widened to cater for those using wheelchairs / mobility scooters. There should also be raised pedestrian crossings to further improve accessibility.
Impacts to surrounding residents	2	• Inadequate parking on site places pressure on street parking, impacting accessibility for residents.
Parking constraints	18	• This is limited parking for both patients and staff. • There is not enough disabled parking provision. • Should consider providing a multi-storey carpark on site. • Parking constraints leads to people being unable to attend appointments due to needing to park a long way from the site. • The steep slope of the surrounding streets makes street parking inaccessible for those with mobility constraints.
Poor community health outcomes	4	• Poor food choices in Bathurst are leading to poor health outcomes for the community. • Inadequate health services for an ageing population are increasing the risk of poorer health outcomes. • There is a need to look at the social detriments of health to try to reduce poor health outcomes in the community and reduce the need for people to access the hospital. • Services provided at the hospital are too focused on temporary relief, rather than providing continual care.
Hospital design	4	• Would be nice for views from hospital beds along Durham Street to be maintained. • There needs to be clear wayfinding for those travelling to the hospital, just outside the hospital, and within the hospital to help all users to access what they need easily and efficiently. • The hospital needs to be designed to be able to be used by everyone, with special considerations for those with mobility constraints. • There is concern around the helicopter pad being relocated to the airport during construction due to the area being flood prone; the helicopter pad needs to remain closer to the hospital, or in the nearby park. • Consider providing an easy access drop off / pick up point near key hospital entrances and services.

Question Seven – Level of Support for the Bathurst Hospital Redevelopment (N= 82)

Respondents were asked to rate their level of support for the redevelopment of Bathurst Hospital. Nearly half of respondents (47.6%) identified they absolutely supported the redevelopment. Overall, 93.9% indicated a level of support for the project. 4.9% highlighted a level of opposition, while 1.2% were neutral. Respondents were further asked to describe why they indicated their level of support. A detailed snapshot is provided below in **Table 31.** An overview of reasonings is shown in **Table 32** below.

Table 31 Level of support for the Bathurst Hospital Redevelopment

Level of support	Frequency (no.)	Frequency (%)
Completely oppose	2	2.4%
Strongly oppose	0	0.0%
Somewhat oppose	2	2.4%
Neutral	1	1.2%
Somewhat support	9	11.0%
Strongly support	29	35.4%
Absolutely support	39	47.6%

Table 32 Reasonings behind Level of Support

Level of support	Comment
Support	• Will improve ED accessibility and viability. • An excellent opportunity to improve primary health care for the Bathurst community. • Will help cater to Bathurst's growing population, both in young families and older people. • Provision of brand new and modern facilities to encourage and facilitate better health outcomes. • Better medical services will help entice more specialists to work at the hospital. • The project is long overdue and will hopefully address and rectify the mistakes made in the previous redevelopment.
Neutral	• No comments provided.
Oppose	• Sceptical that Bathurst will be able to provide the same level of health care as Orange.

Question Eight – Impacts during Construction (N= 84)

Respondents were asked to identify the likelihood of impacts occurring during construction. Responses highlight that people are most concerned about impacts regarding temporary changes in provision of car parking, wherein over half of respondents (57.1%) believed this impact is almost certain, and 32.1% believe it is highly likely. Decreased ease of getting around was the second-most identified impact, with 31.3% believing it has an almost certain occurrence, and 32.5% highly likely. Construction noise and disruption is third (24.1% almost certain, 38.6% highly likely).

Across staff, residents, and patients, temporary changes in provision of car parking was identified as the impact most likely to occur, with 70.2% of staff respondents believing it is almost certain to occur. 100% of respondents who identified as patients believed it had an almost certain or highly likely chance of occurring, while the same stakeholder group believed there is an 100% of construction noise and disruption somewhat likely or highly likely occurring.

Other impacts identified by respondents included:

- Changes to the working environment, increasing difficulties and disruptions for nurses and staff.
- Struggles with wayfinding.
- Concerns around some services being moved off-site.
- Specific parking concerns, including too little provision for people living with disabilities, staff, and patients.
- Concerns around the temporary relocation of the helipad to an area impacted by flooding.
- Complaints about the long-winded process.

A detailed snapshot is provided below in **Figure 34. Tables 33-35** provide a snapshot based on individual stakeholder groups.

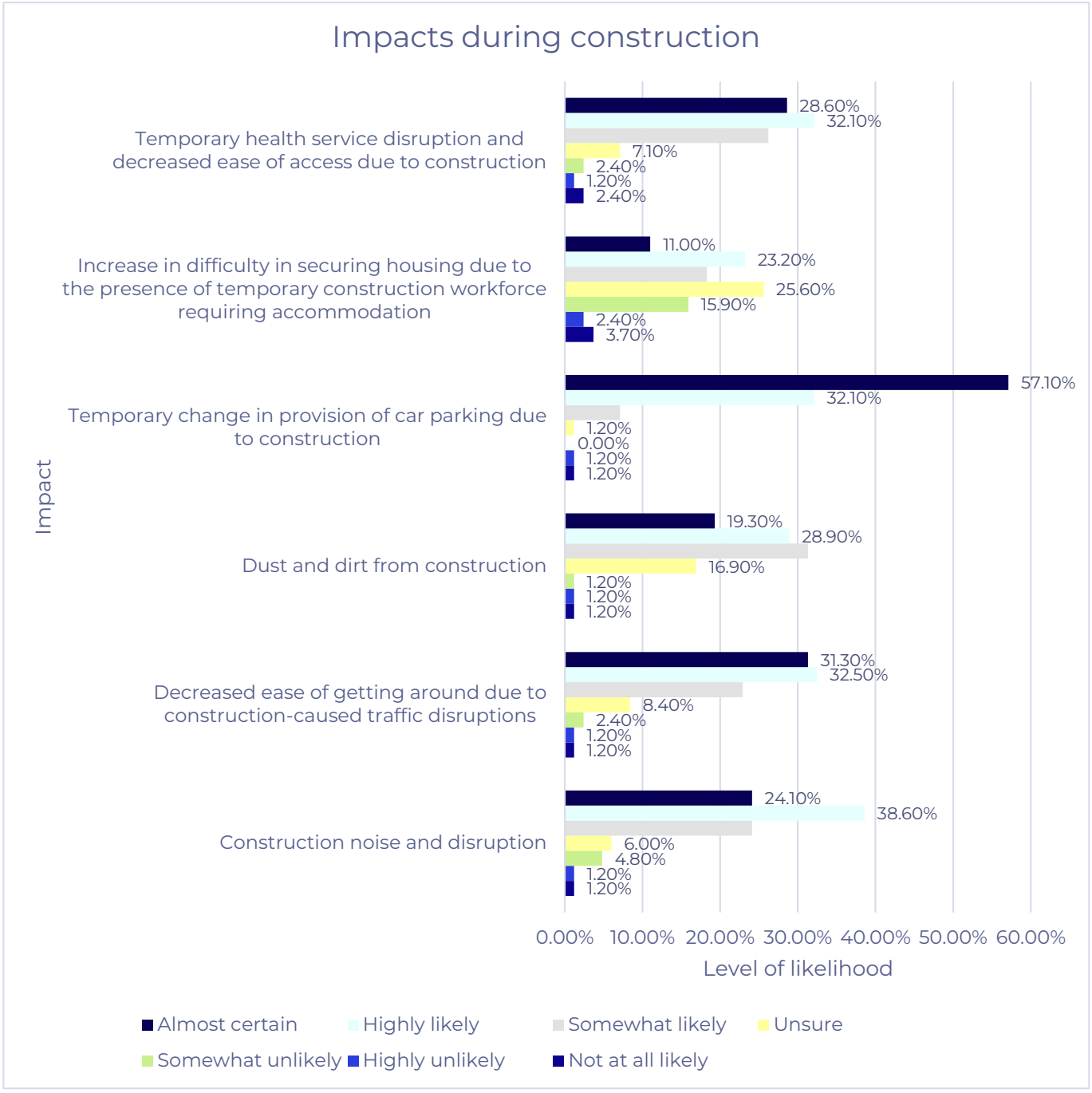

Figure 24 Respondent identified impacts during construction

Table 33 Impacts during construction – staff (N= 47)

Impact	Not at all likely	Highly unlikely	Somewhat unlikely	Unsure	Somewhat likely	Highly likely	Almost certain
Construction noise and disruption	0.0%	0.0%	6.5%	2.2%	26.1%	39.1%	26.1%
Decreased ease of getting around due to	0.0%	0.0%	2.2%	6.5%	21.7%	37.0%	32.6%

Impact	Not at all likely	Highly unlikely	Somewhat unlikely	Unsure	Somewhat likely	Highly likely	Almost certain
construction-caused traffic disruptions							
Dust and dirt from construction	0.0%	0.0%	2.2%	13.0%	28.3%	39.1%	17.4%
Temporary change in provision of car parking due to construction	0.0%	0.0%	0.0%	0.0%	4.3%	25.5%	70.2%
Increase in difficulty in securing housing due to the presence of temporary construction workforce requiring accommodation	4.4%	2.2%	13.3%	31.1%	20.0%	20.0%	8.9%
Temporary health service disruption and decreased ease of access due to construction	2.1%	0.0%	0.0%	12.8%	21.3%	31.9%	31.9%

Table 34 Impacts during construction – patients (N= 6)

Impact	Not at all likely	Highly unlikely	Somewhat unlikely	Unsure	Somewhat likely	Highly likely	Almost certain
Construction noise and disruption	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%
Decreased ease of getting around due to construction-caused traffic disruptions	0.0%	0.0%	0.0%	0.0%	33.3%	16.7%	50.0%
Dust and dirt from construction	0.0%	0.0%	0.0%	33.3%	33.3%	33.3%	0.0%
Temporary change in provision of car parking due to construction	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%	33.3%
Increase in difficulty in securing housing due to the presence of temporary construction workforce requiring accommodation	0.0%	0.0%	16.7%	33.3%	16.7%	16.7%	16.7%
Temporary health service disruption and decreased ease of access due to construction	0.0%	0.0%	0.0%	16.7%	0.0%	66.7%	16.7%

Table 35 Impacts during construction – nearby residents (N= 35)

Impact	Not at all likely	Highly unlikely	Somewhat unlikely	Unsure	Somewhat likely	Highly likely	Almost certain
Construction noise and disruption	0.0%	0.0%	2.9%	11.4%	28.6%	34.3%	22.9%

Impact	Not at all likely	Highly unlikely	Somewhat unlikely	Unsure	Somewhat likely	Highly likely	Almost certain
Decreased ease of getting around due to construction-caused traffic disruptions	0.0%	0.0%	2.9%	11.4%	25.7%	28.6%	31.4%
Dust and dirt from construction	0.0%	0.0%	0.0%	25.7%	34.3%	20.0%	20.0%
Temporary change in provision of car parking due to construction	0.0%	0.0%	0.0%	2.9%	14.3%	37.1%	45.7%
Increase in difficulty in securing housing due to the presence of temporary construction workforce requiring accommodation	0.0%	0.0%	17.1%	25.7%	17.1%	31.4%	8.6%
Temporary health service disruption and decreased ease of access due to construction	0.0%	0.0%	5.7%	5.7%	25.7%	31.4%	31.4%

Question Nine – Benefits during Construction (N= 84)

Respondents were asked to identify any potential benefits during construction, and rate how likely they thought this would be to occur. Respondents were more likely to believe support for local businesses (4.8% almost certain, 36.9% highly likely) as having a higher chance of occurring than construction jobs for the local community (6.0% almost certain, 29.8% highly likely). Some other construction benefits identified by respondents included:

- Potentially retaining nursing students due to new and expanded facilities.
- Encouraging non-local workforce to remain in Bathurst if feasible.
- The redevelopment will help raise the profile of the hospital, providing benefits to the local community and potentially leading to more specialists coming to the area.

A detailed snapshot is provided below in **Figure 25.**

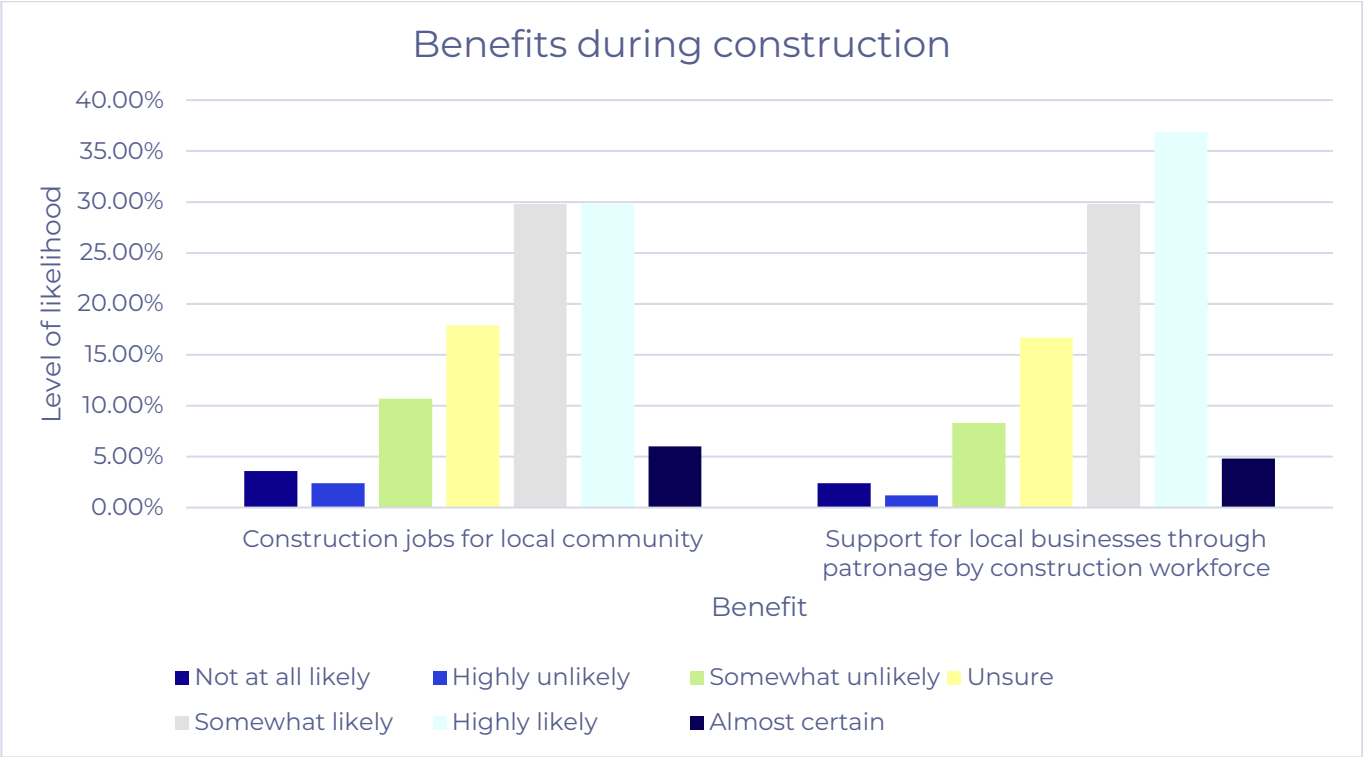

Figure 25 Respondent identified benefits during construction

Question Ten – Impacts and Benefits during Operation (N= 84)

Respondents were asked to identify the benefits and impacts once the hospital becomes operational, and rate how likely they were to occur. Health and wellbeing benefits due to improved care options was the benefit identified as most likely to occur by respondents (10.7% almost certain, 42.9% highly likely).

More likely to be able to receive treatment needed in Bathurst was the second highest likely benefit identified by respondents (7.4% almost certain, 35.8% highly likely) while increased ease of access to modern health care services is third (8.3% almost certain, 34.5% highly likely).

Changed visual appearance of the existing hospital site was the impact identified as most likely to occur by respondents (16.7% almost certain, 34.5% most likely). Sense of uncertainty about future expansion was the second (10.8% almost certain, 20.5% highly likely).

It was common across all stakeholders that benefits around increased services, improved health and wellbeing, and better accessibility is the most likely to occur. However, patients were the most likely to view health and wellbeing benefits (83.3% highly likely or almost certain) and being more able to access treatment in Bathurst (50.0% highly likely or almost certain) as having the highest chance of occurring. Residents particularly believed that the changed visual appearance of the existing hospital site had the highest chance of occurring (60.0%).

Some other impacts and benefits during operation identified by respondents included:

- Continual concerns around parking provision.
- Service levels being spread out rather than increased – there is still some services that are needed that aren't included in the redevelopment e.g. permanent fracture clinic, radiation clinic.
- Concerns around a potential inability to attract new staff even after the hospital redevelopment.
- A potential increase in community pride in having a new, modern hospital, helping to retain existing and attract new staff.
- Would like a focus more on tertiary care rather than solely on primary care.

A detailed snapshot is provided below in **Figure 26. Table 36Table 37Table 38** provide a snapshot based on individual stakeholder groups.

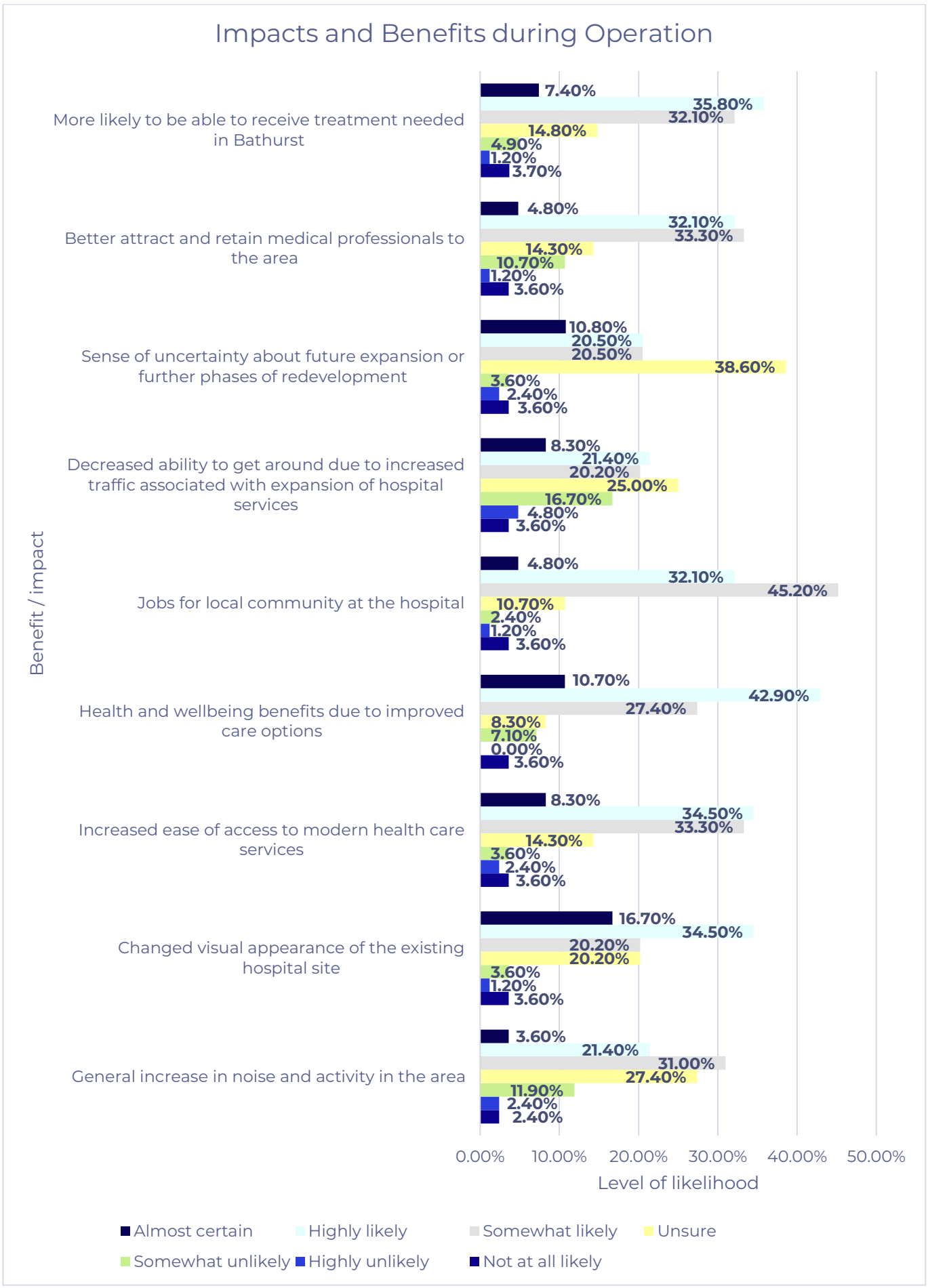

Figure 26 Respondent identified impacts and benefits during operation

Table 36 Impacts and benefits during operation – staff (N= 47)

Impact / benefit	Not at all likely	Highly unlikely	Somewhat unlikely	Unsure	Somewhat likely	Highly likely	Almost certain
General increase in noise and activity in the area	0.0%	4.3%	8.5%	31.9%	29.8%	21.3%	4.3%
Changed visual appearance of the existing hospital site	2.1%	0.0%	6.4%	23.4%	21.3%	27.7%	19.2%
Increased ease of access to modern health care services	0.0%	0.0%	4.3%	17.0%	36.2%	31.9%	10.6%
Health and wellbeing benefits due to improved care options	0.0%	0.0%	8.5%	10.6%	25.5%	44.7%	10.6%
Jobs for local community at the hospital	0.0%	2.1%	0.0%	14.9%	46.8%	29.8%	6.4%
Decreased ability to get around due to increased traffic associated with expansion of hospital services	0.0%	4.3%	21.2%	21.2%	17.0%	25.5%	10.6%
Sense of uncertainty about future expansion or further phases of redevelopment	2.1%	2.1%	4.3%	40.4%	21.3%	17.0%	12.8%
Better attract and retain medical professionals to the area	0.0%	0.0%	12.8%	19.2%	31.9%	29.8%	6.4%
More likely to be able to receive treatment needed in Bathurst	0.0%	0.0%	4.3%	23.4%	27.7%	36.2%	8.5%

Table 37 Impacts and benefits during operation – patients (N= 6)

Impact / benefit	Not at all likely	Highly unlikely	Somewhat unlikely	Unsure	Somewhat likely	Highly likely	Almost certain
General increase in noise and activity in the area	0.0%	0.0%	0.0%	16.7%	66.7%	16.7%	0.0%
Changed visual appearance of the existing hospital site	0.0%	0.0%	0.0%	16.7%	50.0%	16.7%	16.7%
Increased ease of access to modern health care services	0.0%	0.0%	0.0%	33.3%	33.3%	16.7%	16.7%
Health and wellbeing benefits due to improved care options	0.0%	0.0%	0.0%	0.0%	16.7%	50.0%	33.3%
Jobs for local community at the hospital	0.0%	0.0%	0.0%	0.0%	83.3%	16.7%	0.0%

Impact / benefit	Not at all likely	Highly unlikely	Somewhat unlikely	Unsure	Somewhat likely	Highly likely	Almost certain
Decreased ability to get around due to increased traffic associated with expansion of hospital services	0.0%	0.0%	33.3%	0.0%	16.7%	50.0%	0.0%
Sense of uncertainty about future expansion or further phases of redevelopment	0.0%	0.0%	33.3%	33.3%	0.0%	33.3%	0.0%
Better attract and retain medical professionals to the area	0.0%	0.0%	16.7%	16.7%	33.3%	16.7%	16.7%
More likely to be able to receive treatment needed in Bathurst	0.0%	0.0%	0.0%	16.7%	33.3%	33.3%	16.7%

Table 38 Impacts and benefits during operation – nearby residents (N= 35)

Impact / benefit	Not at all likely	Highly unlikely	Somewhat unlikely	Unsure	Somewhat likely	Highly likely	Almost certain
General increase in noise and activity in the area	2.9%	0.0%	11.4%	25.7%	34.3%	22.9%	2.9%
Changed visual appearance of the existing hospital site	2.9%	2.9%	0.0%	17.1%	17.1%	42.9%	17.1%
Increased ease of access to modern health care services	5.7%	5.7%	0.0%	14.3%	34.3%	37.1%	2.9%
Health and wellbeing benefits due to improved care options	5.7%	0.0%	2.9%	5.7%	37.1%	37.1%	11.4%
Jobs for local community at the hospital	5.7%	0.0%	5.7%	5.7%	45.7%	37.1%	0.0%
Decreased ability to get around due to increased traffic associated with expansion of hospital services	5.7%	5.7%	14.3%	28.6%	11.4%	28.6%	5.7%
Sense of uncertainty about future expansion or further phases of redevelopment	2.9%	2.9%	5.9%	35.3%	23.5%	17.7%	11.8%
Better attract and retain medical professionals to the area	5.7%	2.9%	8.6%	11.4%	37.1%	31.4%	2.9%
More likely to be able to receive treatment needed in Bathurst	9.1%	3.0%	3.0%	9.1%	33.3%	36.3%	6.1%

Question Eleven – Potential Mitigations for the Changed Visual Appearance of the Area (N= 80)

Respondents were asked to identify any potential mitigations to reduce the impact of changed visual appearance to the area, and how effective they'd be. Most respondents believed that increasing tree canopy and landscaping would be the most effective, with 58.8% identifying that it is either very effective or completely effective. A detailed snapshot is provided below in **Figure 27.**

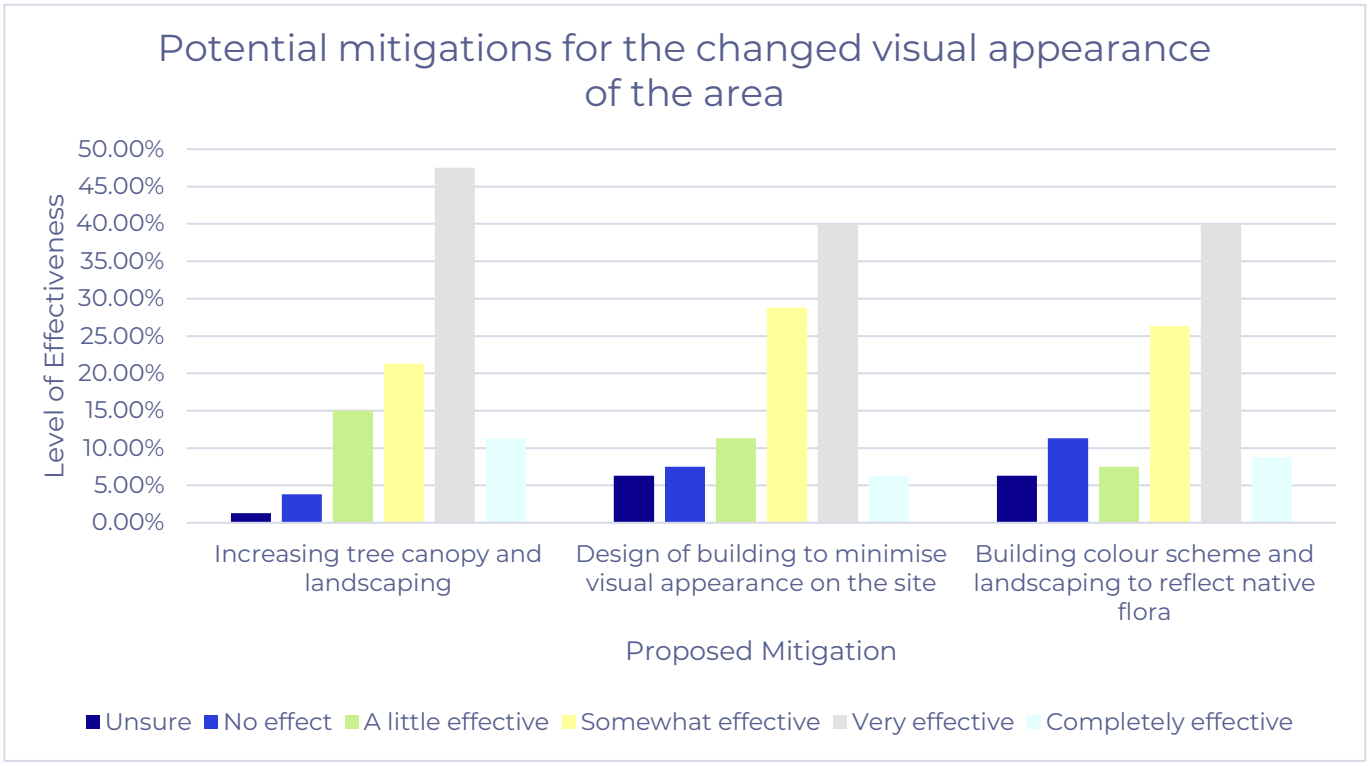

Figure 27 Respondent identified mitigations for the changed visual appearance of the area

Question Twelve – Potential Mitigations for Increased Traffic in the Area

Respondents were asked to identify any potential mitigations to reduce the impact of increased traffic in the area, and how effective they'd be. Most believed providing an appropriate amount of parking onsite is the best mitigation option, with 71.6% believing this has a very effective or completely effective measure. A detailed snapshot is provided below in **Figure 28.**

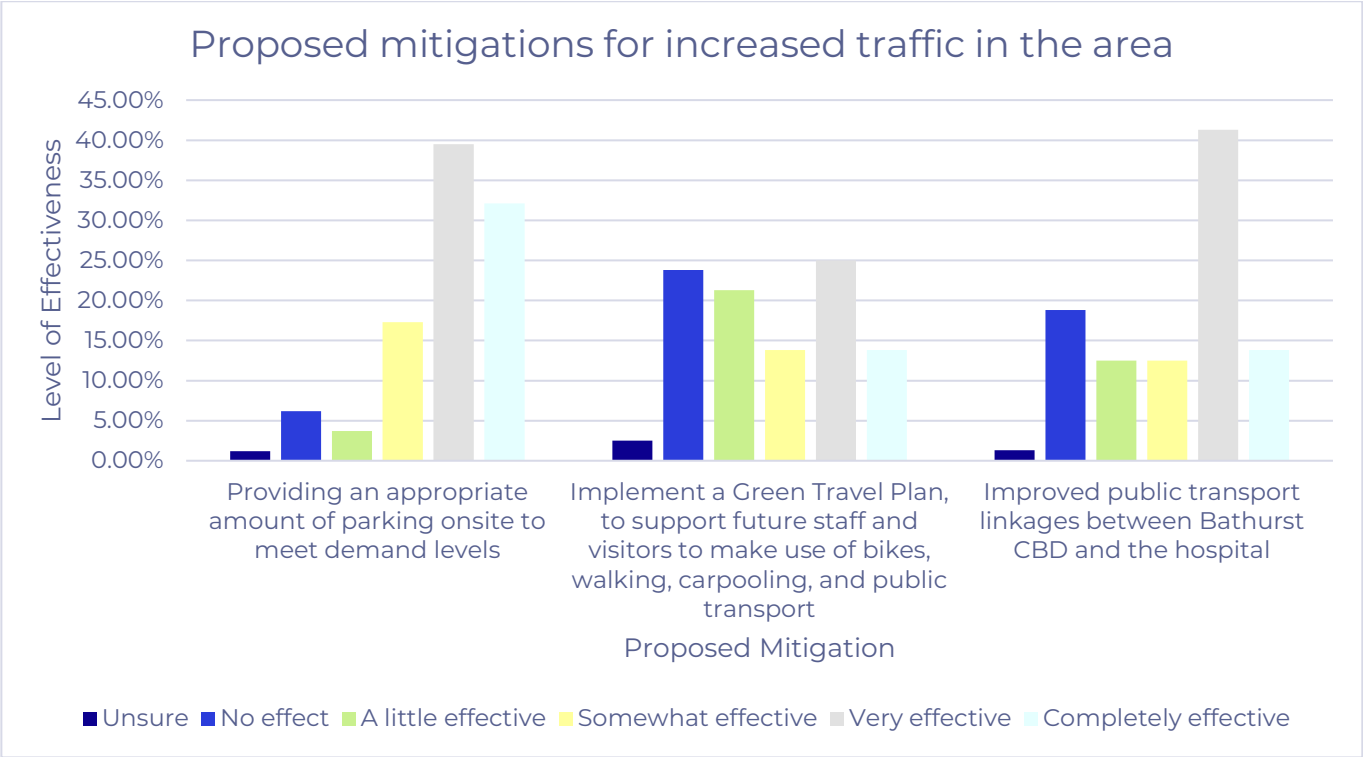

Figure 28 Respondent identified proposed mitigations for increased traffic in the area

Question Thirteen – Potential Mitigations to Reduce Additional Pressure on Rental Accommodation (N= 79)

Respondents were asked to identify any potential mitigations to reduce the impact of additional pressure on rental accommodation with new people moving to the area, and how effective they'd be. Respondents were most likely to believe the proposed mitigation is a somewhat effective (23.0%) method. Other proposed mitigations identified by respondents included:

- Linking the project with other affordability and housing supply project and schemes in consultation with Council and State and Federal Governments.
- Explore opportunities for accommodation through the university.

A detailed snapshot is provided below in **Table 39.**

Table 39 Potential mitigations to reduce additional pressure on rental accommodation

Proposed mitigation	Unsure	No effect	A little effective	Somewhat effective	Very effective	Completely effective
Implement a construction and operation workforce accommodation plan	11.4%	8.9%	12.7%	23.0%	19.0%	5.1%

Question Fourteen – Potential Mitigations for Intensified Usage of the Area (N= 81)

Respondents were asked to identify any potential mitigations to reduce the impact of intensified usage of the area, resulting in more activity and noise, and how effective they'd be. Respondents mostly believed that helipad use complying with approved flight paths and safety protocols would be the most effective, with 38.3% stating it would have either a very effective or completely effective outcome. A detailed snapshot is provided below in **Figure 29.**

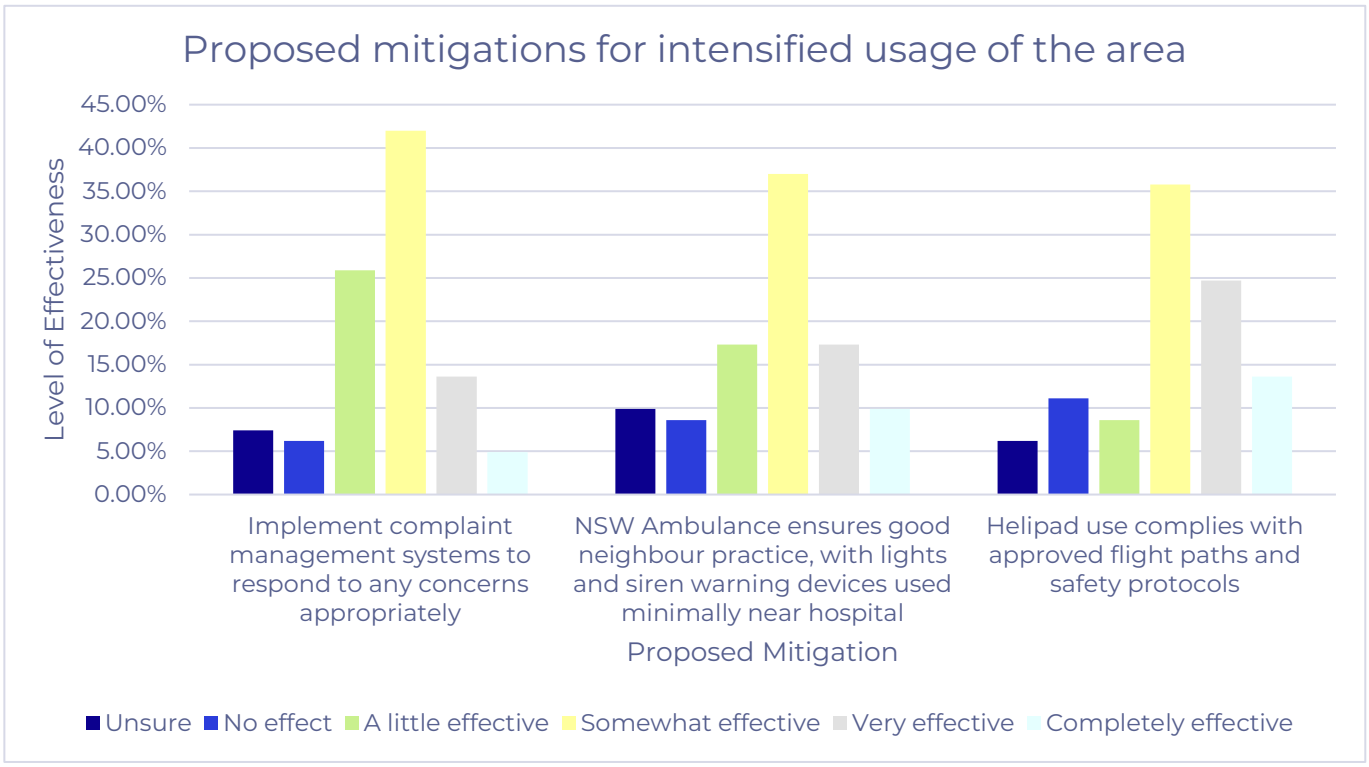

Figure 29 Respondent identified proposed mitigations for intensified usage of the area

Question Fifteen – Additional Mitigation Methods (N= 17)

Respondents were asked whether there were any additional mitigation methods they believe would help reduce the impacts of the hospital redevelopment. Themes focused around ensuring adequate staff numbers, provision of appropriate health services, and promoting good hospital design. A more detailed snapshot is as follows:

- Needed to ensure there is enough staff to service the new hospital; the current workload is unsustainable, and there are concerns this will only get worse.
- There is a need to provide more after-hours GPs to reduce reliance on the emergency department.
- A greater focus on engaging with multicultural communities is needed to understand their needs.
- An exploration into ways to reduce construction timeframes; concerns they will blow out like the last redevelopment.
- The hospital design should promote good health outcomes such as providing healthy food at cafes and promote a safe working environment.
- Provide a nice outdoor space such as a garden for patients and their visitors to enjoy rather than being stuck inside.

Question Sixteen – Additional Comments to Consider (N= 29)

Respondents were asked to describe whether there were any other things they'd like the project team to consider when completing the SIA. Broad themes included continual communication with staff and the community, and good hospital design. Comments from respondents included the following:

- Continual communication with staff and increased educators to support the new staff required.
- Provide regular updates about the redevelopment for staff and the community.
- The proposal needs to think about whether the redevelopment will cater for future population, not just the population now. This will save a lot of time and money.
- The need to ensure parking is adequately addressed.
- Ensuring public transport access is accessible for everyone.

- Improvement of signage and wayfinding around and within the site, including inside the hospital.
- Consider relocating Community Health into Bathurst CBD where most people are located / travel to, therefore freeing up space for further expansions in maternity and paediatrics.

Appendix C Scoping Study

Scoping is the first phase of a social impact assessment, as required by the SIA Guideline. It is the initial consideration of possible social impacts associated with a proposed development.

This stage includes:

- Defining study area boundaries that represent physical, social, and economic areas of interest
- Outlining likely areas of impact including an examination of the surrounding land uses
- Identifying issues of concern relating to the project
- Identifying stakeholders affected by the proposed development and the way in which these stakeholders have been involved in community consultation.

A recommended level of assessment is provided during the scoping stage to provide guidance on how much consideration should be given to each impact based on its level of likelihood and severity. The levels include:

- Detailed assessment – the project may result in significant social impacts, including cumulative impacts.
- Standard assessment – the project is unlikely to result in significant social impacts, including cumulative impacts.
- Minor assessment – the project may result in minor social impacts.
- Not relevant – the project will have no social impact, or the social impacts of the project may be so small that they do no warrant consideration.

A summary of the scoped social impacts alongside the relevant social factors, is provided in the lists below, grouped by type of assessment recommended for the full SIA.

Table 40 Summary of scoping study

Social Impact and social factor	Affected groups	Impact dimensions	Level of assessment recommended
Accessibility Construction impacts stemming from traffic and disruptions – impacting on ease of access and movement around the area near the site	• Hospital staff • Hospital patients	• Construction phase • Negative impact	Detailed
Way of life, accessibility, health and wellbeing Construction impacts of noise, dust, and vibration impacts during construction for surrounding residents – disrupting everyday life, ability to sleep (for shift workers, young children) and work from home in peace. Vulnerable people such as the elderly, people with long term health conditions etc. may experience these impacts at a heightened level.	• Hospital staff • Hospital patients • Nearby residents	• Construction phase • Negative impact	Detailed
Way of life, accessibility, health and wellbeing Health service disruption due to construction – resulting in decreased ease of access to health services and	• Hospital patients	• Construction phase • Negative impact	Detailed

Social Impact and social factor	Affected groups	Impact dimensions	Level of assessment recommended
potentially impacting community health outcomes. Vulnerable community members may be more susceptible to this impact.			
Way of life, community Community fears about change, and uncertainty about what's going to happen regarding further redevelopment, and how this will impact their access to health services.	• Wider Bathurst community	• Operation phase • Negative impact	Detailed
Way of life, accessibility, health and wellbeing Temporary change in provision of car parking in the area due to construction, decreasing ease of parking	• Hospital staff • Hospital patients	• Construction phase • Negative impact	Detailed
Way of life, accessibility Impact on ease of local health students being able to access student placements at the hospital during construction	• Hospital staff	• Construction phase • Negative impact	Detailed
Way of life, accessibility, health and wellbeing Ageing population and higher level of chronic disease expression – having access to improved health services long term will have significant health benefits	• Hospital patients • Wider Bathurst community	• Operation phase • Positive impact	Detailed
Way of life, community Partial new buildings – changed visual character for nearby residents	• Nearby residents • Wider Bathurst community	• Operation phase • Negative impact	Standard
Way of life, health and wellbeing Expansion of hospital once operational resulting in more helicopter / ambulance noise / more operational noise – impact to adjacent residents ability to enjoy the amenity of their homes	• Nearby residents	• Operation phase • Negative impact	Detailed
Health and wellbeing, surroundings Mental health unit – relocated and expanded leading to potential for community fears about nature of these patients	• Nearby residents	• Operation phase • Negative impact	Detailed
Way of life, accessibility	• Hospital staff	• Operation phase	Minor

Social Impact and social factor	Affected groups	Impact dimensions	Level of assessment recommended
Relocation of main entrance to Mitre St potentially causing confusion in first few months of operation, while also potentially decreasing traffic and noise for residents on Howick Street	• Hospital patients • Nearby residents	• Positive / negative impact	
Way of life, accessibility Public space and recreation facilities – potentially reduced amenity during construction	• Wider Bathurst community	• Construction phase • Negative impact	Detailed
Way of life, accessibility, health and wellbeing Decanting the health services – impacts on health care professionals and their work days	• Hospital staff	• Construction phase • Negative impact	Detailed
Way of life, health and wellbeing Impacts to staff health and wellbeing regarding concerns of staff being able to service future demand for services	• Hospital staff	• Operation phase • Negative impact	Detailed