



SUBMISSION

ACT Health: Canberra Hospital Master Plan

March 2021

Health Care Consumers' Association

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Background

The **Health Care Consumers' Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

We discussed the topic and shared the online resources with our members and networks, including the HCCA Accessibility and Design Consumer Reference Group. We have drawn on this input in preparing our response.

HCCA has been involved in planning for the Canberra Hospital campus since 2008 with the Capital Asset Development Program. This included *Your Health-Our Priority* which was described as “a comprehensive, multifaceted asset development plan”. It took a whole of health system approach and included “new models of care aimed at better management of chronic disease and keeping people out of hospital”. At this time an assessment of engineering services at the Canberra Hospital was undertaken and identified issues to be addressed in service infrastructure and building plant and equipment. An allocation was provided (\$15m) to address infrastructure issues on the site requiring immediate attention and also to undertake forward design for infrastructure across the Canberra Hospital campus.

We are very pleased to see this work finally progress.

1. Executive Summary

The challenge of the Master Planning process is about balancing the needs and interests of all the hospital campus stakeholders including consumers, carers, clinical staff, support services staff, administrative staff and the future health care needs of the ACT and surrounding region. This submission highlights a number of key issues raised by consumers that can be covered by a few main themes:

- **Improving campus accessibility**

This includes improving parking, public transport, access options for CALD community members, access for people with mobility impairments, access for people who may be temporarily impaired and making sure services are accessible to all members of the community including transgender and gender diverse Canberrans.
- **Improving campus wayfinding**

This includes consistent and clear signage, human and digitally assisted wayfinding options, multi-lingual signage, vision impaired campus navigation support and across campus signage consistency. The wayfinding also needs to take into consideration that people trying to navigate the hospital may be physically compromised or have a reduced capacity to navigate the campus due to illness, injury or stress.
- **The campus as a caring and healing space**

Awareness that the campus is a caring and healing space, and infrastructure needs to support that. This includes having appropriate decompress spaces like walking paths, green spaces and outdoor access for patients and their families. There also needs to be accessible 24/7 amenities for families and carers of the patients, they are vital in helping improve patient outcomes and need to be supported by the hospital infrastructure.
- **The Master Plan as part of the wider Canberra context**

The Master Plan is part of the wider ACT health care context. It needs to take a long-term view and take into consideration the Territory Wide Health Services Frameworkⁱ as well as the longer-term health care needs of the ACT and surrounding areas, which will go beyond the 20year scope of the plan.

2. General comments

The Canberra Hospital master planning process is challenging and complex. With the Canberra Hospital Expansion Project, already well underway, it is critical for the Master Planning process to work hard to synthesize the voices of consumers, carers, clinicians as well as the Health Directorate and to help to identify and understand the contentious issues. We know this will be challenging. Every decision to be taken will have multiple perspectives and this will involve a process of negotiation to reach the best outcome. It is important to get the Master Plan right. The buildings are ageing and over the next 20 years many will have to be replaced, for example:

- The tower block (Building 1),
- The current main entrance (Building 2), and
- Building 3 and Building 12

The Master Plan needs to be considered as part of the broader context of the ACT and Territory Wide Health Services Frameworkⁱⁱ. With the campus footprint being so restrained we need to think about how we provide the increasing range of services that will be required in the Territory as it grows beyond the 20-year mark of this plan. The physical space available on the campus is limited and has been described as "land locked" as it has roads all around the campus. Taking a broader Territory-wide approach allows for consideration of the movement of services off the hospital campus as necessary, ensuring that the hospital can expand critical services as needed while not impacting on the other available services in the ACT. The concept of care closer to home and the delivery of services such as outpatient clinics in the community is supported strongly by consumers.

Parking, traffic management, public transport access, signage and how to move about the campus, green space, co-location of services and how to have a sustainable campus all featured in our consultations, highlighting the importance of getting these issues right for consumers. General campus accessibility and access challenges for services, like pathology, were also strong themes throughout consumer discussions. A key observation from consumers emphasised the importance of the hospital to go beyond accessibility compliance. The Master Plan needs to take into consideration that people accessing the hospital may have reduced capacity to navigate the campus due to illness or injury. This means that the accessibility features need to go beyond the basic compliance with standards. This can be done by incorporating the principles of Universal Designⁱⁱⁱ within the Master Plan.

Given the broad scope of issues raised by consumers, from immediate challenges through to future planning issues, this submission has been divided into multiple sections:

- Section 3 focuses on the feedback relevant to the consultation brief; and

- Section 4 explores the other topics that fell outside the focus topics identified for the consultation, but that consumers highlighted as important.

3. Consultation Focus Topics

3.1 Getting around the campus, car parking and public transport

3.1.1 Getting Around and Wayfinding

Moving around the campus and wayfinding were repeatedly raised by consumers as issue to be addressed. A key difficulty raised was navigating the hospital campus using mobility aids. It was highlighted that the Master Planning process support the use of mobility aids in navigating space. For instance, when finding your way around in a wheelchair you may want to avoid specific floorings like carpet, walkway materials like decorative brick work or require a specific transfer side bathroom. In a walker you may be looking for the shortest route possible, even if that means going outside into the weather. Awareness of these navigational choices for people with differing mobility will help the Master Planning process make more considered choices about how the spaces may be navigated and what types of things may need to be noted on wayfinding materials.

3.1.1.1 Pathways

The pathways between key locations were also highlighted as a point of concern. Consumers requested that all major thoroughfares be covered, for example the route between the car park and the main entry and/or the Emergency Department. It was also highlighted that in cases of extreme weather, e.g., heat or smoke, there needs to be accessible enclosed route options for people between the key areas of the hospital so that they aren't required to transit through unsafe conditions. An area that was raised as particularly problematic was the outside route between the main entrance and Women and Children's, as well as pathology. This is a steeply sloped route with pavement of mixed quality which makes it difficult to navigate if you have a mobility impairment. It is also a long distance from the multistorey car park, which can make getting to and from the facility a challenge for people who may have reduced capacity to walk long distances e.g. sick children or pregnant people. The combination of long distances and poor lighting around the campus can make people feel or be unsafe outside of business hours and deter them from seeking health care. These issues are also highlighted on the Canberra Safety Map, which notes a couple of particularly problematic locations on the Canberra Hospital Campus around hospital road and the multistorey carpark^{iv}.

3.1.1.2 Signage and wayfinding

Signage and wayfinding are common challenges at health facilities. In our previous work on hospital campus wayfinding and signage consumers highlighted key features that are important from their perspective:

- Electronic Wayfinding kiosks and electronic directories with the capability to print off maps easily, especially on the way from car parks to the building.

- Maps placed at different locations indicating "you are here" and includes the layout of the entire hospital.
- Have hard copy campus maps available.
- Have wayfinding info in key community languages e.g. Mandarin, Vietnamese, Cantonese, Hindi, Spanish^v.
- Signage that incorporates these principles:
 - large, easy to read print;
 - visual icons;
 - standardised;
 - correct;
 - succinct and not cluttered with other information;
 - visible and protrudes from wall;
 - no medical jargon; and
 - displayed at the right height.
- Vision impaired campus wayfinding and navigation support options, for example braille on signage or audio supported navigation tools.

Consumers also identified the following:

- **Consistent signage and wayfinding indicators across the campus**
Currently there are several different versions of signage scattered around the campus, some of which are out of date as pathways or buildings are changed or blocked off due to construction.
- **Route distances**
Along with clear, directional signage it is important to have route distances clearly identified. These can help people choose the best route for their ability.
- **Accessible routes**
Having accessible routes highlighted on the signage as well as having accessible route maps available for consumers either physically and/or digitally, helps consumers plan their trip and routes more effectively.
- **Accessible pause points**
Pause points along routes need to be accessible. This includes no small steps around the seating that people can catch their feet on. This is a particularly important point to be aware of during the construction of the various facilities around the campus to ensure these pause points are not blocked off during construction.
- **Integrating digital technologies**
Integrating digital technologies with hospital wayfinding is seen as a way of dramatically improving people's experiences, especially for those who may have other accessibility requirements such as accessible routes only, non-English language needs or non-visual navigation assistance. There are a number of technologies available that are widely accessible and widely used,

such as Apple or Google maps, however a custom wayfinding app (even through the ACT Health app) or even small assistive robots like those trialled at some Japanese airports were also highlighted as possible concepts.

- **Clear signage to key services**

This was particularly highlighted in regard to the shared drop off area for the main hospital reception and the Emergency Department. Clear signage to indicate to people where to go is especially important to non-ACT residents.

- **Human wayfinding assistance**

Human assistance with wayfinding and accessibility should be a concept specifically built into future provisions for the campus, for both paid staff roles and volunteer roles. This includes workforce considerations, and also space/facility provisions in key locations. For example, the provision of concierge desks at the main entrances of each part of the hospital i.e. Main reception in Reception Hall of CSB, ED, Building 2 entry (current ED), Centenary Hospital for Women and Children. People can find it particularly difficult to navigate the Centenary Hospital area as there is no reception/info desk, signage is not particularly health literate (uses complex medical terms) and you often find yourself facing lots of locked doors with no staff around to ask (especially when you need to access the services after hours).

- **Footpath Standardisation**

The footpaths between Building 24 and National Capital Private Hospital and Gilmore Cres, as well as on other side from Building 2 to Centenary Hospital to Gilmore Cres, are too narrow. There is barely enough space to have two people pass each other let alone someone with pram, walker or in wheelchair. It is important that campus footpaths be standardised across the campus to a higher accessibility standard, being wide enough for two wheelchairs to pass without risk.

- **Pedestrian Crossings**

There are a number of common routes on the existing hospital campus that do not have enough safe pedestrian crossings. This is particularly the case with the areas around Gilmore Cres and the Centenary Hospital for Women and Children. In the Master Plan it is important to look at how people navigate the hospital between services and between transport options and services to ensure that common pathways are safe.

3.1.2 Parking

The amount of available parking was highlighted as a key issue, with the distance between the existing parking and services also discussed. While this has been an ongoing issue with the hospital campus, it was acknowledged that this situation is likely worse at the moment due to the challenges in accessing the campus via public transport while Hospital Road is closed. The need to improve parking capacity is

particularly important with the increased size of Critical Services Building, requiring more staff as well as greater patient and visitor flow through.

There was considerable feedback about access and parking, including the distance between the existing parking and services consumers highlighted a number of issues:

- The need to include more seating with better protection from weather along the walkway from multi storey carpark to Building 2 either through a better protected walkway or a clearly marked interior route e.g. through Building 19 & Building 3.
- Including a range of parking options around the campus, particularly accessible parking, so that people with limited mobility can park closer to their destinations. This parking will need to allow for sufficient time as appointment delays can make it difficult to complete appointments in two hours.
- 10-15 min stop and drop zones near key entrances, especially emergency, that are aimed at giving carers the ability to support the consumer to get into the service and safely seated before they go and park their car.
- Parent/carer parking closer to emergency to make it easier for sole parents, or those with prams or mobility aids who need to access emergency when they have a sick child.

Consumers also suggested:

- A multistorey carpark specifically for staff, separate from the existing multistorey parking for patients and visitors.
- Building the originally proposed multistorey carpark which was to be located where the helipad currently is. (We are aware of planning for *Your Health Our Priority* in 2011-12 when Build 3/2 was being finalised that a northern multistorey car park was planned.)
- Building a new multistorey car park for staff on the block adjacent to the grandstand on Yamba Drive, with the ground floor for short stay parking for people using the sporting facilities e.g., sports carnivals or hospital appointments.

3.1.3 Public Transport

Good public transport access points are a vital part of the Master Plan. Consumers repeatedly raised the current challenges with accessing the campus via public transport, particularly if you have a mobility impairment. The current Yamba Drive bus stop is too far from the main hospital entrance and requires navigating a very steep incline. This may not be possible for people who are sick, injured or have mobility issues. The current rest points along the route are inadequate as:

- they are largely unprotected from the weather,

- have accessibility challenges e.g. wearing of the soil around the path creating a small step which can be difficult to manage with a walker and creates a trip hazard,
- no place to stop off the main pathway when using a wheelchair, and
- some of the rest points have been temporarily fenced off due to the surrounding campus construction projects.

The final bus stop locations in the Master Plan need to be accessible and as close as possible to the main entrance(s) of the campus, this is important from a user's point of view but also from an environmental standpoint. With the emphasis on improving sustainability through the Critical Services Building it is important to consider the impact of staff, visitor, and patient transport on the hospital's environmental footprint. If the hospital wants to encourage staff, visitors, and patients to use public transport, whenever possible the options need to be as accessible and easy to use as possible. To this end it is important that the public transport options get people to where they need to be with minimal cost (ideally free) and makes the transit between the hospital campus and the local transit hubs at regular intervals.

Some suggestions from consumers were:

- A lift from Yamba Drive to level 2 Building 2, similar to the one that is being installed for Building 8 on Hospital Road.
- Improving the crossings on Gilmore Cres so that managing the transfer from the bus stop on Gilmore Cres to hospital services is less dangerous.
- Improve awareness of campus courtesy bus service, including clear signage, information posters, service timing e.g. bus will be by every 10-15min, Monday-Friday 9am-5pm and online Information e.g. searching for "Canberra Hospital Shuttle" doesn't return information, courtesy bus information is hidden away in a page subsection and the app does not have any information about the bus other than the map.

3.1.3.1 Taxis and Rideshare Services

It is also important to consider the role of public transport alternatives such as taxis and rideshare services in providing consumer transport options. People using these services will need clear instructions on the best way to use them in getting to and from the campus. These flows are critical to consider as part of the Master Plan. This includes considering:

- Where a taxi rank may be located.
- The possibility of having a taxi set up similar to those used at airports where the taxi rank is located outside of the main thoroughfare and a clearly identified staff member can request taxis for people as required.

- Dedicated taxi and rideshare pickup points (outside of Hospital Road), so people can call a taxi or rideshare service and nominate their closest pick-up point.

3.2 Access within and between buildings

Access between transport options and hospital services has already been highlighted, however consumers also raised the issue of distances between services on the campus, for instance between the core hospital services and pathology, or from Women and Children's to the main entrance (including the critical care expansion). Some of this could be managed by moving core services to more central locations, such as having a pathology hub closer to other hospital services, however other solutions may need to be looked at through the development of other services (such as regular campus shuttles).

3.3 Public safety in and around the hospital

Well-lit transit routes were highlighted as a key safety issue for consumers navigating the hospital safely, this includes common transit paths e.g., between the multistorey parking and the Centenary Hospital for Women and Children. The need to increase the number of pedestrian crossings and their frequency was identified earlier (see 3.1.1 Getting Around and Wayfinding), this ties into the need for the Master Plan to take into account common transit paths and ensure that they are as safe as possible. Consumers raised concerns about the Yamba Drive crossing light change being too quick for someone with a mobility impairment. Given the risks to staff, visitors and patients frequently crossing this main road it may be sensible to consider options for a pedestrian overpass. This could be tied in to approaches to improve the access between the Yamba Drive bus stops and the main hospital campus through a link (see 3.1.3 Public Transport).

As was touched on in the parking section, the lack of short stay parking is an issue (see 3.1.2 Parking). This lack of short stay parking near emergency and other hospital entrances was raised as a safety issue. The current system requires carers to drop off people at these entrances, leaving them to wait unaccompanied while going to find a car park. This is particularly unsafe for people with health conditions that mean they have reduced mobility (and as such cannot walk the distance from the multistorey parking) and are unable to wait safely on their own. Given the nature of the hospital visits these people may also not always have access to disabled parking as their conditions may be new or temporary, meaning they may not qualify for a disabled parking permit.

3.4 Visitor, patient and staff amenities

Accessibility and family amenities were those that featured most highly in our consultation, including the need for accessible parenting rooms and/or private breastfeeding rooms across campus. Other suggestions included:

- **On Campus Child Minding Services**
Providing short stay and ad-hoc on-campus child minding services at the day-care centre, so that single parent families can still access necessary health services e.g. outpatient services, specialists, day surgery etc. These would be particularly useful for parents who may not otherwise be able to access healthcare because of their caring responsibilities.
- **Gender-neutral Bathroom Options**
A range of unisex or gender-neutral bathroom options across campus. A Gender Agenda would be a great resource to consult with on this to help ensure that the unisex or gender-neutral bathroom approach is safe and inclusive.
- **Afterhours Amenities Access**
Afterhours amenities access for families and carers including food services e.g. healthy and whole meal vending machines, tea/coffee and fruit facilities. If Canberra Hospital is to be a 24/7 service, it is important that families have access to family/carer areas, food services etc. amenities outside of standard business hours.
- **Breastfeeding Rooms**
Appropriate expressing/breastfeeding rooms for visitors and staff.
- **Alternating transfer direction accessible toilets**, e.g. Right and Left.
- **Adult Changing Facilities.**

Some of these amenities may already exist however consumer feedback indicated that people were unsure of where they might be located, which highlights a clear opportunity for improving wayfinding. These amenities should be clearly marked and integrated into the campus' digital wayfinding solution, for example check-boxes that allow visitors to highlight where the publicly accessible left-hand transfer direction accessible bathrooms are located.

3.5 Other amenities and green space

Consumers found that in situations when they are on campus for longer periods caring for someone, there are few places to be able to take a break stretch their legs. To help with this, consumers raised the idea that it would be great to have walking paths or circuits around the campus that are outside of the heavy traffic zones and take advantage of green spaces and landscaping, with the aim to provide pleasant and safe 15-20min walks to allow them to stretch their legs and decompress.

Consumers also raised the need for small pockets of green space scattered throughout the campus with access to direct sunlight. These spaces would be aimed at providing consumers and their families the opportunity to escape the hustle and bustle of the hospital and get some fresh air. The spaces should be nicely landscaped, accessible, have some seating and provide options for sheltering from the weather e.g. protection from the wind and shade from the sun. In areas where children may be visiting these spaces will also allow for the opportunity for children to play in an area that won't be disruptive on the ward.

4. Other Topics Raised

4.1 Campus Crowding

The footprint of the hospital is limited and this presents difficulties for the growth of services over time. When service growth means that services are fragmented across the campus, consumers can find navigating their way around the campus quite challenging. Consumers were interested in how the campus will be able to handle the growth in demand from the growing population of the ACT and region. This challenge will extend beyond the 20-year scope of the Master Plan.

For example, there was also discussion around how and if the existing hospital campus could be expanded. For example, could Garran Primary be relocated to allow the hospital to expand into the existing Garran Primary site? Could the CIT site be used for an enhanced Phillip Community Health Centre? This would release space for the expansion of critical care services.

Consumers were interested to explore what services can and can't be moved off site, with a discussion of the potential for services that don't need to be on the hospital campus, but may need access to hospital services, to be colocated along Palmer Street. Consumers expressed strong support for outpatient clinics to be moved to community health centres, away from the hospital campus. There was also interest in what services may need to be duplicated on the north and/or south side as the ACT population grows, as well as a Territory-wide plan for infrastructure. Consumers are interested in understanding what services could be moved off campus and what high demand services could be provided at multiple campuses e.g. the proposed northside hospital, or the recently announced Northside Elective Surgery Centre.

4.2 Campus Organisation and Design

4.2.1 Precincts

Due to the overall density of buildings on the Canberra Hospital campus, consumers thought it was important to look at the way services could be organised within the campus to help support wayfinding. There was general appreciation of a precinct-style approach but consumers were very clear that thoroughfares between the precincts need to be safe and accessible. This was a particular concern for the possible precinct on the other side of Yamba Drive. Consumers highlighted the need for a pedestrian overpass (or equivalent safe transit route) between the precincts to avoid having large numbers of people crossing a major road.

Consumers expressed concern about the impact of the precincts model on patient care. For instance, a person with an eating disorder who needs feeding support e.g. nasogastric tube, which can only be provided on a medical ward, also needs access to intensive mental health support for the root mental health issue. If placement is

determined by the specific admitting issue e.g. malnutrition it is important to have a system for the different precinct services to work together to ensure that the patient receives the wholistic care they need. The treatment overlap between psychiatric and medical care in this model would need to be looked at particularly carefully so that patient care is not detrimentally affected. There are a range of reasons that consumers in medical wards may need access to intensive psychiatric support; a consumer may be suffering a trauma response to an acquired injury; a consumer may have an existing mental health condition that instigated the need for emergency medical care; or a consumer may have existing mental health conditions that needs management while receiving care for an unrelated issue e.g. surgery.

Another concern that was raised was the possibility of unintentional prejudicing of care by establishing a mental health precinct. People suffering from ill mental health are already faced with stigma from society and often service providers too^{vi}. This stigma is not always intentional however it does impact on the ability for consumers to seek appropriate care. The establishment of a Mental Health precinct may contribute to the greater stigmatisation of consumers and possibly result in a reduced quality of overall care. For instance, if a patient is having an episode of ill mental health, the desire to have the consumer sent to a mental health precinct service quickly to help with their more obvious symptoms may mean that other factors contributing to their episode of ill health may be overlooked. With the end result that they receive a less wholistic approach to their health care. It is important that if any variation of a precinct model goes ahead that appropriate measures are put in place to ensure that consumers with complex conditions have access to care that meets their needs in a wholistic and patient centred way.

Another issue around precincts is the potential to make access more difficult for diverse members of the community. For example, if the choice is made to include fertility services within a Women and Children's precinct this can make access for transgender and gender diverse communities difficult, as it sets up a connection between the care services provided and an assumed gender identity.

A couple of other points raised by consumers were:

- If there was an Outpatients Services precinct it would be good for it to be located in one area and can be accessed without having to travel through the rest of the hospital.
- With services like the Safe Haven café it will be vital to work with consumers in selecting its location, as you don't necessarily want it to be too closely linked to other services which consumers may associate with negative experiences.

4.2.2 Aesthetics

While consumers appreciated that having visually distinct buildings can help with wayfinding and help to make the campus more visually interesting, having a certain level of visual cohesion between buildings will help the campus feel less chaotic. This could be done through the repetition of common design elements or landscaping etc, but it is about creating an overall look and feel for the whole campus that is unique to the Canberra Hospital. This can also help with wayfinding as it allows for the development of consistent visual wayfinding elements on buildings such as building numbers.

4.3 Transgender and Gender Diverse Facilities

As was highlighted earlier in the comments on precincts (see 4.2.1 Precincts) the Master Plan needs to be aware of the needs of our transgender and gender diverse communities. This includes ensuring service access for things like fertility treatment are not gendered and that there are a range of readily accessible gender-neutral bathrooms options available across the campus. A Gender Agenda would be a great resource to consult with on this to help ensure that the Master Plan is Transgender and Gender Diverse friendly.

4.4 Palliative Care

The needs of consumers receiving palliative care are different from those in the wider hospital setting. It is important that the location of the palliative care facilities in Canberra Hospital are considered carefully as part of the Master Plan. It is vital that the location(s) meet the needs of the consumers so that they are able to die with dignity, respect, privacy and surrounded by family if desired. The Government has committed to a palliative care ward on the Canberra Hospital campus. While initially this could be established in Building 3, in the longer term this needs to be better located.

4.5 Canberra Hospital as a regional health centre

As Canberra Hospital is a regional health hub, the Master Plan also needs to take into consideration the needs of consumers and their families that travel great distances for treatment. This includes things like affordable overnight and longer-term accommodation options, longer period parking options, improved emergency and key location wayfinding for those who are unfamiliar with the campus.

4.6 Culturally and Linguistically Diverse Communities

Culturally and Linguistically Diverse Communities (CALD) face numerous barriers when seeking health care. It is important that the Master Plan takes into consideration the needs of these communities including ensuring a campus wide approach to interpreter access, multilingual signage and wayfinding as well as culturally appropriate treatment options. This may include things like the provision of prayer rooms, the inclusion of indigenous art and the provision of cultural awareness training across the campus.

4.7 Territory Wide Plans

The Master Plan needs to be considered as part of the broader context of the ACT and Territory Wide Health Services Framework^{vii}. With the campus footprint being so restrained we need to think about how to provide an increasing range of services needed in the Territory as it grows beyond the 20-year life of this plan. The Master Plan must be considered in context of Territory wide health services. It also needs to be seen alongside other planned infrastructure across the Territory, like the proposed Northside Elective Surgery Centre at the University of Canberra hospital and the planned expansions to the northside hospital facilities. This may affect what services the Canberra Hospital campus needs to provide will allow the Master Plan to plan its service requirements more effectively over time.

Taking a broader Territory-wide approach would also allow for consideration of the movement of services off the hospital campus as necessary, ensuring that the hospital can expand its critical services if needed while not reducing the available services in the ACT. The potential to provide care by telehealth needs to be explored. Telehealth was embraced by many considers during COVID-19. It may also have positive affects in term of sustainability.

We want to see workforce that is flexible and able to go to where consumers need the care. HCCA has been involved in the “Care Closer to Home” work was initiated by Canberra Hospital in 2017. This has now transitioned to the Health Directorate and is important work, planning for the delivery of care closer to home. The potential of the new Digital Health Record also needs to be considered in supporting more flexible and mobile models of care across the Territory.

4.8 Training and Education

As a tertiary hospital Canberra Hospital has a very important role to play in teaching, training and conducting research. Universities play an important role in this and we need to think about how they could be located at Canberra Hospital. The Master Plan needs to incorporate the training and research elements within its footprint to ensure that Canberra has the capacity to develop and increase its teaching and

research capacity as the Territory grows and not limit this to the Australian National University.

4.9 Universal Design and Co-Design

Universal design specifies that:

“The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.”^{viii}

People accessing the Canberra Hospital campus are likely to be suffering from some form of reduced capacity either through disability, illness or injury, or due to heightened stress levels. This means that the hospital Master Plan needs to take a lowest barrier to access model as possible. The principles of Universal Design work to make accessibility the default, this includes things like reducing steps, door lips and steep curbs, ensuring that corridors, walkways and paths have enough room to allow two wheelchairs, prams, walkers or scooters to pass safely. It requires signage to be clear accessible and consistent across the campus to support wayfinding for people from a range of backgrounds and access needs. It also means that in those places where barriers may be unavoidable due to space limitations, that alternatives are created, clearly marked and easily accessible. Keeping in mind these principles and using a co-design^{ix} approach to the development of the Master Plan and any new services or facilities will help ensure that the choices made work for the largest number of people possible.

5. Concluding remarks

We thank you for the opportunity to provide feedback into this critical piece of work and look forward to working further with you as the project develops.

If you have any questions or wish to discuss our submission further, please do not hesitate to contact us.

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ⁱ ACT Health (18 September 2017) Territory-wide Health Services Framework 2017-2027, V1.4, DRAFT

ⁱⁱ See note ii.

ⁱⁱⁱ Story, M. F. (2001). Principles of universal design. Universal design handbook 2nd Edition. Preiser, W .F. E. & Sith K. W. (Eds), McGraw-Hill, New York

^{iv} Canberra Safety Map, Women's Centre for Health Matters,

<https://canberrasafetymap.crowdspot.com.au/page/welcome> [Accessed 9/3/2021]

^v These are the languages that are listed as having the highest percentage of speakers in the ACT from the 2016 census data see:

https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/8?opendocument#nt#cultural. However, in making the decisions on what languages to primarily support we also need to take into consideration the languages spoken at home of the larger service area of the Canberra Hospital, outside of the ACT.

^{vi} Nemec, P. B., Swarbrick, M., & Legere, L. (2015). Prejudice and discrimination from mental health service providers. *Psychiatric Rehabilitation Journal*, 38(2), 203.

^{vii} See note ii.

^{viii} Connell, B. R., M. L. Jones, R. L. Mace, J. L. Mueller, A. Mullick, E. Ostroff, J. Sanford, et al., *The Principles of Universal Design*, Version 2.0, Raleigh, N.C.: Center for Universal Design, North Carolina State University, 1997. https://projects.ncsu.edu/ncsu/design/cud/about_ud/udprinciplestext.htm [Accessed 3/3/2021]

^{ix} For more information see the HCCA Co-Design Position Statement: <https://www.hcca.org.au/wp-content/uploads/2020/06/HCCA-Co-design-position-statement-Final.pdf>