QTON No. 27

Legislative Assembly for the Australian Capital Territory
Standing Committee on Social Policy

Inquiry into annual and financial reports 2024–2025

Answer to question taken on notice

Asked by: Ms Barry

Addressed to: Ms Zagari

In relation to: Disability Access Audit and Report Information

Hearing: 11 November 2025
Uncorrected Proof Transcript pp 57-58
Transcript provided: 14 November 2025
Answer Due: 21 November 2025

Ms Zagari: Chair, might I just very quickly say I have had a message directly from a clinician indeed saying that there are bottles and fountains in ED. We carry and provide small bottles of water, there are kitchenettes we sink some tap water and that we will, that there is a challenge with provision of a fountain in the waiting room, but bottled water is provided. You also asked, Ms Barry, about the access—

MS BARRY: Report. Review.

Ms Zagari: The access review which was undertaken and identified 10 high priority actions all of which have been addressed and now we are working through the medium priority actions across CHS.

MS BARRY: Thank you, is that report publicly available? Sorry, the—

Ms Zagari: We could provide some information from it.

MR BARR: Thank you.

Ms Stephen-Smith MLA: The answer to the Member's question is as follows:

Please find the Facilities Management Disability Action and Inclusion Plan Report Summary at Attachment A.

Approved for circulation to the Standing Committee on Social Policy

Signature:  Date: 21/11/25

By the Minister for Health, Rachel Stephen-Smith

Facilities Management DAIP Report Summary | Canberra Health Services

Background

- Canberra Health Services Disability Action and Inclusion Plan 2022 - 2025 was developed to guide the way we improve health services for consumers living with disability and promote an inclusive workplace that supports team members living with disability.
- As part of our commitment to provide a more dignified and accessible experience in our premises, Infrastructure and Health Support Services (IHSS) committed to:
    - undertaking an accessibility audit across all CHS sites – interior and exterior,
    - designing and implementing a plan to address and improve accessibility on our sites
    - co-design where appropriate and work collaboratively with people with lived experience of disability
- A specialist Disability Discrimination Act (DDA) consultant was procured to provide an examination of our sites against a pre-determined criteria to assess the ease of use by people with disability.
- The priority of the audit was to investigate areas within our facilities which had a functional impact for people with disability.
- Audit guidelines were also established from the suite Australian Standards AS1428, the ACT Building Control Act (2004) and the Commonwealth Disability Discrimination Act (1992) including external environments, doors, lighting through to wayfinding and communication.

Report findings and recommendations

- Over the period of July to October 2023, 54 sites were audited by DDA consultant Eric Martin and Associates. Sites included (not limited to): Canberra Hospital, Car Parks, Community Health Centres and off-site facilities. Please see appendix A for a full list of sites.
- Facilities excluded from this report:
    - Sites which are currently or soon to be decommissioned e.g. Canberra Hospital Building 6 and Building 23

- North Canberra Hospital was not included due to the scope of work being finalised prior to the merger in July 2023.

- Due to scale of the audit, a summary recommendation report was provided to support in methodical implementation based on priority. High, medium, and low priority criteria was established by the consultant as a way for triaging the feasibility and timeliness of remediations:

Priority type	Definition of criteria	Time frame for completion
High priority	Focused on navigation access. Ability for consumers to enter the building and key facilities and moving around, with the assumption that further face-to-face assistance can be provided once the consumer is in the building. Actions are part of regulation and compliance.	Should be programmed as soon as practical within 1 – 2 years
Medium priority	Medium priority upgrades are those that do not directly impact access to services but could greatly improve the experience for people with disability. Actions may also require major refit or funding to implement.	Should be incorporated into a future program for upgrade in the medium time frame within 2-5 years
Low priority	Elements that are not within the building code or regulated but should be considered as part of improving access and well-being for people with disability.	To be upgraded when the opportunity arises or future planning within 5 to 10 years.

- 780 actions were identified in total across 54 CHS sites: 10 high priority, 368 medium priorities and 402 low priorities.

- The 10 high priority actions identified by the consultant were:

Building	Element	Location	Recommendation	Benefit	Status
Canberra Hospital	Heli Pad/Staff Car Park (TCH13)		Provide signage to direct staff to location of designated accessible parking.	Clearer directional signage on where to find accessible parking	Will be scheduled for upgrade after Building 5 opens. To be completed by February 2025.
	Car Park (TCH 26)	Ramp between TCH26 & main hospital buildings	Replace pedestrian access ramp between carpark and buildings to comply with 1 in 14. Install kerb rail.	Supporting pedestrian safety	Currently under design review. It has been scheduled for upgrade as part of the 2024-25 asset replacement program - footpath upgrades.
Florey Child Health Clinic	Parking	Carpark/ Road to south of building	Install designated accessible parking with direct access to building.	Improving disability parking access to site	Due to the carpark not being on CHS leased land, we need to consult with TCCS and ACT Property Group (ACTPG) to address the recommendations. CHS to kick off stakeholder engagement as we believe that DDA compliance is ACTPG/TCCS responsibility.

Building	Element	Location	Recommendation	Benefit	Status
Ngunnawal Child Health Clinic	Parking	Proposed carpark	If the designated parking space is to be provided, then ensure the gradients comply.	Improving disability parking access to site	As above.
Mitchell Warehouse 3	Stairs	Fire isolated stairs	Release doors and remove wedges.	To ensure safety standards are met.	Action closed. We have confirmed that this building is now vacant.
Phillip Community Health Centre	General Circulation	PHC01.01.003	Add a permanent barrier under low height of main stair.	To ensure safety standards are met.	These works were completed in July 2024. Action closed.
TCH Building 1	Toilets	01.02.046 / 01.02.122 / 01.02.123	Modify/enlarge existing accessible toilets to comply.	Improving disability access to amenities	Part of the bathroom upgrades at Canberra Hospital (asset replacement program). This is currently in its planning phase with construction works scheduled for completion by July 2025. Accessible toilet sign for Building 15 has been installed. Action closed.
TCH Building 7	Toilets	Accessible toilet	Provide an accessible public toilet.		
		Accessible ensuite	Provide an accessible ensuite.		
TCH Building 15	Toilets	Accessible toilet on Level 2.	Add sign.		

- There is a need to further assess 'low and medium' priorities from a consumer lens. Facilities Management has factored in additional criteria and key principles to guide decision-making and prioritisation:
    - Patient and clinical safety – what is the likelihood of risk to patient and clinical safety
    - Consumer and staff needs – how is this impacting well-being, patient visitation rate and service catchment.
    - Compliance and regulatory impact – is CHS at risk of non-compliance
    - Financial impact – what are the cost implications for remediations, considering the life cycle of the building and size of facility.
    - Operational impact – would remediations significantly impact the facility's ability to run their day-to-day services, what are the operational dependencies
    - Controls – what short term controls can be put in place to support accessibility improvements in the interim

Next steps

- We are seeking alignment with the DAIP Steering Committee, HCCA and CHS Disability Reference Group on the approach for next steps.
- Given the volume of actions, a phased approach is recommended for rectification:
    - Phase 1 – Current through to end of 2024
        - Progress with actions on the 10 high priority items.
        - Learnings from this audit to be developed into best practice document for development and future facilities upgrades.
        - Feedback on signage and wayfinding will feed into the wayfinding strategy project for CHS. This has commenced in August 2024 and is scheduled for completion in 2025.
        - Facilities Management will progress on assessing the medium and low priorities based on consumer/staff lens, patient and staff safety risks, and any available incident reports. Consumer representatives and CHS staff will be given a survey to determine prioritisation of elements.
    - Phase 2 – From 2025 onwards
        - Wrap up rectification for 10 priority items.
        - Develop a business case for further rectification works based on assessment of outstanding audit actions.

- Remediations will be included in asset renewal projects where there is direct overlap with asset renewal project scope. For example, toilet upgrades have already been planned for Canberra Hospital and the team will look to include accessible toilets into their project.
- Rectification to be completed on a prioritised basis (facility and action) subject to provision of funding.

Risks and considerations

- The volume of actions recommended will require significant cost, time and resources to implement.
- A further prioritisation by CHS is critical to determine feasibility in actions recommended by the consultant and ensure prudent usage of funds and resources. For example, recommendations to widen doors will not be a realistic exercise to undertake due to the structural and operational implications on facilities.
- Consumer and staff feedback is critical in balancing our implementation to ensure a systematic needs-based approach to rectification.
- Cost savings could be achieved through identifying actions to be undertaken by the facilities maintenance team; however this is dependent on capacity.

Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

Accessibility call (02) 5124 0000

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canberrahealthservices.act.gov.au/accessibility