



**ACT**  
Government

**Canberra Health  
Services**

Ref FOI18-107



Dear 

### **Freedom of Information Request – FOI18-107**

I refer to your revised application received by Canberra Health Services on 30 October 2018 in which you sought access to information under the *Freedom of Information Act 2016* (the FOI Act).

In your application you have requested:

- “a. Any briefing documents prepared for the Minister for Health or her office regarding parking fees and/or charges at the Canberra Hospital and Calvary Hospital between July 2017 to today.*
- b. Any emails to or from the Director-General of ACT Health, Deputy Director-General of ACT Health, CEO of Canberra Health Services or the Minister for Health or her office regarding the current and/or future parking fees and/or charges at the Canberra Hospital and Calvary Hospital and/or any proposal to change them between July 2017 to today.*
- c. Any emails to or from the former/current Director-General of ACT Health, Deputy Director-General of ACT Health, CEO of Canberra Health Services or the Minister for Health or her office regarding policies about staff and/or public parking at the Canberra Hospital and Calvary Hospital between July 2017 and today.*
- d. Any briefing documents or reports referred to the CEO of Canberra Health Services or the former/current Director-General of ACT Health or the Deputy Director-General of ACT Health regarding staff and public parking arrangements and policies at the Canberra Hospital and Calvary Hospital between July 2017 and today”*

I am an Information Officer appointed by the Chief Executive Officer under section 18 of the Act to deal with access applications made under Part 5 of the Act.

Canberra Health Services was required to provide a decision on your access application by 18 December 2018.

### Decision on access

Searches were completed for relevant documents and ten documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided to grant full access to five documents and partial access to five document under section 50 of the Act, with deletions applied to information that I consider would be contrary to the public interest to disclose.

My access decisions are detailed further in the following statement of reasons and the documents release to you as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act
- The contents of the documents that fall within the scope of your request
- The views of relevant third parties; and
- The *Human Rights Act 2004*

My reasons for deciding to grant partial access to the information in Folio's 1,2,4,7 and 9 of the identified documents is that the documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios is personal information about individuals.

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1. I have identified that the following factor favours non-disclosure:

- Schedule 2 2.2 (ii) - prejudice the protection of an individual's right to privacy or any other right under the *Human Rights ACT 2004*.

On balance, the information identified is contrary to the public interest and I have decided not to disclose this information.

### Charges

I have decided to waive the processing charges for this request.

### Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health disclosure

log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601

Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au).

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

If you have any queries concerning Canberra Health Service's processing of your request, or would like further information, please contact the FOI Coordinator on 6205 1340 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

  
Colm Mooney  
**Executive Director**  
Infrastructure Management and Maintenance

17 December 2018





## FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
<div style="background-color: black; width: 100px; height: 15px;"></div>	<p>a. Any briefing documents prepared for the Minister for Health or her office regarding parking fees and/or charges at the Canberra Hospital and Calvary Hospital between July 2017 to today.</p> <p>b. Any emails to or from the Director-General of ACT Health, Deputy Director-General of ACT Health, CEO of Canberra Health Services or the Minister for Health or her office regarding the current and/or future parking fees and/or charges at the Canberra Hospital and Calvary Hospital and/or any proposal to change them between July 2017 to today.</p> <p>c. Any emails to or from the former/current Director-General of ACT Health, Deputy Director-General of ACT Health, CEO of Canberra Health Services or the Minister for Health or her office regarding policies about staff and/or public parking at the Canberra Hospital and Calvary Hospital between July 2017 and today.</p> <p>d. Any briefing documents or reports referred to the CEO of Canberra Health Services or the former/current Director-General of ACT Health or the Deputy Director-General of ACT Health regarding staff and public parking arrangements and policies at the Canberra Hospital and Calvary Hospital between July 2017 and today.</p>	<p><b>FOI18-107</b></p>



Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1-2	Emails – Parking at Canberra Hospital	4/7/17	Partial release	Schedule 2, Section 2.2(ii)	Yes
2	3-4	Emails – Parking at Canberra Hospital	10/7/17	Partial release	Schedule 2, Section 2.2(ii)	Yes
3	5	Email – Parking at Canberra Hospital	5/9/17	Full release		Yes
4	6-7	Emails – Parking at Canberra Hospital	6/9/17	Partial release	Schedule 2, Section 2.2(ii)	Yes
5	8-11	ACT Health Minute – Canberra Hospital Parking and E-Bike Arrangements	25/1/18	Full release		Yes
6	12	Email – Canberra Hospital Northern Car Park – Exec Working Group	3/2/18	Full release		Yes
7	13-23	Email – Canberra Hospital Northern Car Park Site Selection – Attaches: Aurecon Options Workshop 2 – Outcome briefing Note	15/2/18	Partial release	Schedule 2, Section 2.2(ii)	Yes
8	24-26	Director-General Minute – Procurement of ACT Health Car Parking Strategy	July 2018	Full release		Yes



**ACT**  
Government

## Canberra Health Services

9	27-48	Ministerial Brief – MIN18/324 – Car Parking at ACT Health Facilities – Attaches two Ministerial Briefs	31/8/18	Partial release	Schedule 2, Section 2.2(ii)	Yes
10	49-52	Chief Executive Officer Minute – Canberra Hospital Car Park Management	October 2018	Full Release		Yes
<b>Total No of Docs</b>						
10						

**Whittall, Christine (Health)**

---

**From:** Kennedy, Rosemary (Health)  
**Sent:** Tuesday, 4 July 2017 3:43 PM  
**To:** Bone, Chris (Health)  
**Cc:** Warylo, Michael (Health)  
**Subject:** RE: Parking at Canberra Hospital [SEC=UNCLASSIFIED]

Thanks Chris will follow up  
 Regards rosemary

---

**From:** Bone, Chris (Health)  
**Sent:** Tuesday, 4 July 2017 10:26 AM  
**To:** Kennedy, Rosemary (Health)  
**Subject:** FW: Parking at Canberra Hospital [SEC=UNCLASSIFIED]

Rosemary are you able to assist me with a response to [REDACTED] as per highlighted section below.  
 Thanks  
 Chris

---

**From:** Linton, Steven (Health)  
**Sent:** Tuesday, 4 July 2017 9:36 AM  
**To:** Bone, Chris (Health); Fletcher, Jeffery (Health)  
**Subject:** RE: Parking at Canberra Hospital [SEC=UNCLASSIFIED]

Chris,

The letter was being dealt with by Michael Warylo – he can tell you where its up to. Last I heard it still hadn't come back.

The treatment of parking permits is definitely one for Rosemary .

Steve

---

**From:** Bone, Chris (Health)  
**Sent:** Tuesday, 4 July 2017 5:27 AM  
**To:** Linton, Steven (Health); Fletcher, Jeffery (Health)  
**Subject:** FW: Parking at Canberra Hospital [SEC=UNCLASSIFIED]

Steve I am happy to follow up with the DG about a letter but are we expecting it to say something in particular?  
 I am not sure about the doctor parking permits? I am happy to follow up with Rosemary Kennedy if required?  
 Chris

---

**From:** [REDACTED]@grapevine.com.au]  
**Sent:** Monday, 3 July 2017 7:35 PM  
**To:** Bone, Chris (Health)  
**Cc:** Linton, Steven (Health)

**Subject:** : Parking at Canberra Hospital

Dear Chris Bone,

At the VMO Contract Committee meeting on 7 March ACT Health said that you expected to have a response from the Director on this subject within a month, and we are still waiting.

In addition to our previous comments we note that some of the Registrars are parking in the VMO/Staff Specialist paces.

They don't have a green and white TCH parking permit, instead they apply to the ACT Government and get a "Doctor Parking Permit" by paying \$70 and showing medical registration.

The parking officers see this as a permit to park at TCH Doctors spots, and so no fines are issued.

Surely cars not displaying the correct TCH PERMIT should be issued a fine, possibly after a grace period of warnings, to free up the spots for those that are meant to park there.

Yours sincerely,



cc: AMA-ACT

VMOA Committee

Steve Linton



**Whittall, Christine (Health)**

---

**From:** Warylo, Michael (Health)  
**Sent:** Monday, 10 July 2017 4:44 PM  
**To:** Bone, Chris (Health)  
**Subject:** RE: Parking at Canberra Hospital [SEC=UNCLASSIFIED]

Chris

I am progressing a response back to you through Rosemary Kennedy. I did not want you think that I was not actioning your email.

Michael Warylo

Business Support Services  
 ACT Government Health Directorate  
 Fire Safety & Transport Manager  
 2 - 6 Bowes St Phillip  
 T: 02 620 79153 | M: [REDACTED] | E: [Michael.Warylo@act.gov.au](mailto:Michael.Warylo@act.gov.au)  
 W: [www.health.act.gov.au](http://www.health.act.gov.au)

Business Support Services — committed to timely, responsive and client-focused services  
 Care Excellence Collaboration Integrity




---

**From:** Bone, Chris (Health)  
**Sent:** Tuesday, 4 July 2017 10:24 AM  
**To:** Warylo, Michael (Health)  
**Subject:** FW: Parking at Canberra Hospital [SEC=UNCLASSIFIED]

Michael I have been led to believe that you have a letter or are drafting a letter for the DG re VMO parking? Are you able to share any information in relation to this please?

It is a standing item on the VMOA meeting and I would like to close it down so any assistance would be appreciated (see highlight section below)

Thanks

Chris

---

**From:** [REDACTED]  
**Sent:** Monday, 3 July 2017 7:35 PM  
**To:** Bone, Chris (Health)  
**Cc:** Linton, Steven (Health)

**Subject:** : Parking at Canberra Hospital

Dear Chris Bone,

At the VMO Contract Committee meeting on 7 March ACT Health said that you expected to have a response from the Director on this subject within a month, and we are still waiting.

In addition to our previous comments we note that some of the Registrars are parking in the VMO/Staff Specialist paces.



They don't have a green and white TCH parking permit, instead they apply to the ACT Government and get a "Doctor Parking Permit" by paying \$70 and showing medical registration.

The parking officers see this as a permit to park at TCH Doctors spots, and so no fines are issued.

Surely cars not displaying the correct TCH PERMIT should be issued a fine, possibly after a grace period of warnings, to free up the spots for those that are meant to park there.

Yours sincerely,



cc: AMA-ACT

VMOA Committee

Steve Linton

**Whittall, Christine (Health)**

---

**From:** Linton, Steven (Health)  
**Sent:** Tuesday, 5 September 2017 1:55 PM  
**To:** Bone, Chris (Health); Fletcher, Jeffery (Health)  
**Subject:** VMO Parking [SEC=UNCLASSIFIED]

Hi,

I have spoken to Michael Warylo, and apparently the response to the corro on parking has not yet gone.

Rather than simply reiterate the "its coming" speech, he has suggested that we take a more pro-active approach with them.

Note that there are a couple of technical issues with moving the dumpster, but rather than have this continue as is, meet on site to walk through the issues and suggestions and develop some practical solutions.

He can also show them where the additional 20 spots that have been recommended would go.

I think this approach is well worth considering, and it gets us out of the cycle of "we'll consider it" in response to their proposals.

Steve

**Whittall, Christine (Health)**

---

**From:** [REDACTED]  
**Sent:** Wednesday, 6 September 2017 3:44 PM  
**To:** Bone, Chris (Health)  
**Subject:** RE: Parking at Canberra Hospital [SEC=UNCLASSIFIED]

Dear Chris,  
 I would like to have your mobile number, and assure you I won't abuse it.  
 Mine is [REDACTED]  
 Sincerely,

**From:** Bone, Chris (Health) [mailto:Chris.Bone@act.gov.au]  
**Sent:** Tuesday, 4 July 2017 5:24 AM  
**To:** [REDACTED]  
**Subject:** RE: Parking at Canberra Hospital [SEC=UNCLASSIFIED]

Thank [REDACTED] I will follow up on the registrar issue. And get back to you about both issues.  
 Chris

**From:** [REDACTED]  
**Sent:** Monday, 3 July 2017 7:35 PM  
**To:** Bone, Chris (Health)  
**Cc:** Linton, Steven (Health): [REDACTED]  
**Subject:** : Parking at Canberra Hospital

Dear Chris Bone,

At the VMO Contract Committee meeting on 7 March ACT Health said that you expected to have a response from the Director on this subject within a month, and we are still waiting.

In addition to our previous comments we note that some of the Registrars are parking in the VMO/Staff Specialist paces.

They don't have a green and white TCH parking permit, instead they apply to the ACT Government and get a "Doctor Parking Permit" by paying \$70 and showing medical registration.

The parking officers see this as a permit to park at TCH Doctors spots, and so no fines are issued.

Surely cars not displaying the correct TCH PERMIT should be issued a fine, possibly after a grace period of warnings, to free up the spots for those that are meant to park there.

Yours sincerely,



cc: AMA-ACT

VMOA Committee

Steve Linton

---

This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.

---



**CORRESPONDENCE CLEARANCE**

**SUBJECT:** Minute to DDG CHHS - E-Bike and Parking

**NUMBER:** COR18/262

**DATE DUE:**

Director-General - ACT Health

Date:

Deputy Director-General - Corporate:

*12 Dec*

Date:

*12/11*

Deputy Director-General - Canberra Hospital & Health Services:

Date:

*25-1-18*

Deputy Director-General - Innovation

Date:

Deputy Director-General - Quality, Governance and Risk:

Date:

Deputy Director-General - Population Health Protection & Prevention

Date:

Deputy Director-General - Performance, Reporting and Data

Date:

Contextually Correct <input checked="" type="checkbox"/>	Grammatically Correct <input checked="" type="checkbox"/>	Spell Checked <input checked="" type="checkbox"/>
Executive Director - <del>Administrative</del> <i>BUSINESS SUPPORT SERVICES</i>		Date: <i>15/1/18</i>

Senior Manager - Area name

Date:

Senior Manager, Ministerial and Government:

Date:

Senior Manager - Media and Strategic Communications:

Date:

Executive - Area name

Date:

Manager - Area name

Date:

Professional Leads:

Date:

Other

Date:





MINUTE

**SUBJECT: Canberra Hospital Parking and E-Bike Arrangements**

**To:** Chris Bone, Deputy Director-General, Canberra Hospital and Health Services

**Through:** Karen Doran, Acting Deputy Director-General, Corporate

**From:** Rosemary Kennedy, Executive Director, Business Support Services

**Date:** 11 January 2018

**Purpose**

To brief you on Medical Practitioner spaces at the northern end of the loading dock for Medical Practitioners attending to Centenary Hospital for Women's and Children's (CHW&C) and a proposed CHHS e-Bike Program.

**Background**

**Medical Practitioner Parking Spaces**

Following your request for the provision of three short stay Medical Practitioner car spaces at the northern end of the loading dock for Medical Practitioners attending to CHW&C, Business Support Services (BSS) undertook an inspection and assessment of the proposed parking area ([Attachment A](#)). On inspection it was noted that a large shipping container and skip bin has been placed in that location. It is understood that these items are for construction purposes.

Notwithstanding the possible relocation of the shipping container and skip bin, the area can only provide two spaces and was designed as large truck reversing bay and installation of permanent parking may inhibit truck reversing or cause damage to vehicles parked in that location.

During the inspection it was noted that there are two spaces allocated for on-call Obstetrician and on-call Neonatologist located in the immediate area.

**ACT Health e-Bike program**

In July 2017, BSS procured two pedal assisted electrical bikes (e-Bikes) for use predominately by staff travelling between the offices at Bowes Street, Woden and the Canberra Hospital campus.

The introduction of the e-Bikes supports Action 6 (Sustainable Work Travel Options) of the ACT Government Carbon Neutral Framework. The e-Bikes are easy to use and provide a healthy and sustainable alternative to the use of corporate vehicles for local work travel.

The e-Bikes have been well received and used by staff located at 2 – 6 Bowes Street and reduce reliance on fleet vehicles and taxi vouchers.

BSS has received several requests to increase the scope of the program to include e-Bikes that will be based at the Canberra Hospital campus for staff travelling between the Canberra Hospital campus and the offices at Bowes Street, Woden.



**Issues**

**Medical Practitioner Parking Spaces**

To provide three additional short stay Medical Practitioner car spaces, BSS has identified an area within the Helipad car park. These spaces have direct access to CHW&C, however as these 3 spaces are located within a staff car park, the spaces would be considered as courtesy spaces only and cannot be enforced by way of parking infringement.

**ACT Health e-Bike program**

To provide a sustainable transport option for CHHS, BSS proposes that two additional e-Bikes be procured and incorporated into the existing Canberra Hospital Fleet vehicle pool that operates from the Canberra Hospital Main Foyer reception.

BSS has obtained updated costing and can confirm that the cost to procure the e-bike inclusive of GPS, branding and first service is \$8,666.00 (GST inclusive).

**Recommendations**

That you:

- Note the information contained within this minute. (NOTED)/PLEASE DISCUSS

- Agree to CHHS purchasing two additional e-Bikes at a cost of \$8,666.00 (GST inclusive). (AGREED)/NOT AGREED/(NOTED)/PLEASE DISCUSS

*CB 23.4.18*

- Agree to one of the below options to provide three additional short stay Medical Practitioner car parks attending CHHS:

- **Option 1:** Relocate large shipping container and skip bin to provide two spaces;
- **Option 2:** Provide no further spaces and utilise two existing spaces allocated for on-call Obstetrician and on-call Neonatologist located in the immediate area; or
- **Option 3:** Create three additional short stay courtesy (unenforceable) Medical Practitioner spaces within the Helipad car park that have direct access to CHW&C.

*(Option One) / Option Two / (Option Three)*

Chris Bone  
Deputy Director-General  
Canberra Hospital and Health Services

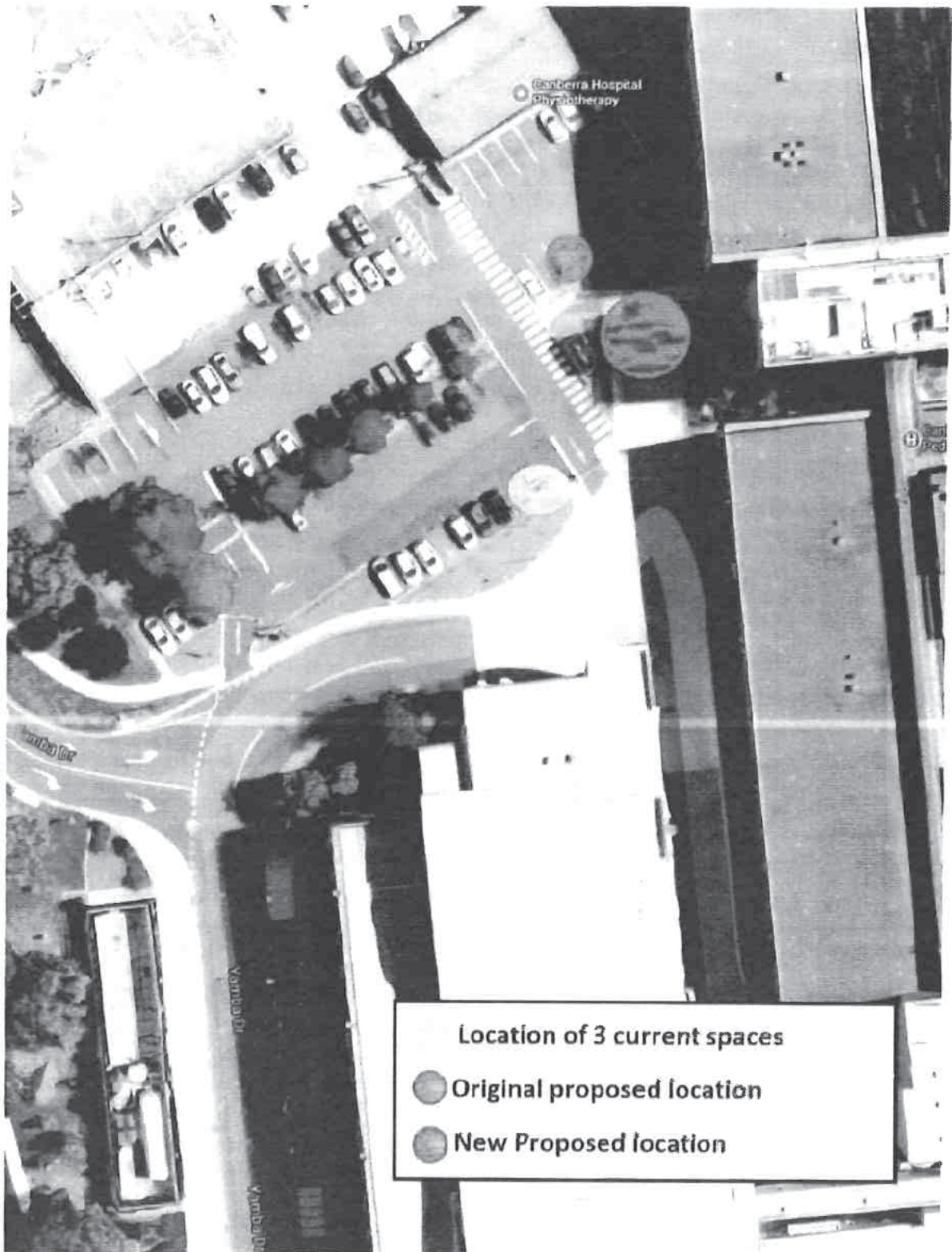
25 January 2018

Rosemary Kennedy  
Executive Director,  
Business Support Services

11 January 2018

Action Officer: Chris Mooney  
Extension: 42114

*Option 3 supported!*  
*April 23*



**Whittall, Christine (Health)**

---

**From:** Burch, Brad (Health)  
**Sent:** Saturday, 3 February 2018 6:45 PM  
**To:** Dykgraaf, Mark (Health); Boyd, Narelle (Health); Mooney, Colm (Health); Kennedy, Rosemary (Health); Brady, Vanessa (Health)  
**Cc:** Bone, Chris (Health); Doran, Karen (Health)  
**Subject:** Canberra Hospital Northern Car Park - Exec Working Group [DLM=Sensitive]  
**Importance:** High

Hello all

Starting on Monday, ACT Health will be assisted by Aurecon Group to deliver three outputs by early March:

- Site Selection Report;
- Site Investigation Study; and
- Delivery Model Assessment.

These will inform a business case for consideration in the 2018-19 Budget process.

Given the short time-frame, it will be important to convene weekly meetings to keep the project moving apace.

The first meeting will focus on the consultant engagement, short-listed sites and paid-parking strategy; future meetings may involve the Infrastructure Financing area of ACT Treasury, as we consider project financing options.

I will be in touch with your offices first thing Monday to arrange the first meeting early this week.

Happy to discuss.

Thanks and regards

**Brad Burch** | Innovation Partner

Building Health Services Program

(02) 6207 2385 or [REDACTED] [brad.burch@act.gov.au](mailto:brad.burch@act.gov.au)





**Whittall, Christine (Health)**

---

**From:** Burch, Brad (Health)  
**Sent:** Thursday, 15 February 2018 4:38 PM  
**To:** Bone, Chris (Health); Doran, Karen (Health); Brady, Vanessa (Health); Dykgraaf, Mark (Health)  
**Cc:** Boyd, Narelle (Health); Mooney, Colm (Health); Kennedy, Rosemary (Health)  
**Subject:** Canberra Hospital Northern Car Park - Site Selection Recommendation [DLM=Sensitive]  
**Attachments:** TCH Northern Car Park Site Selection Workshop- Briefing Note.pdf  
**Importance:** High

Good afternoon Team

Please find attached a Briefing Note from Aurecon on the site selection element of the Canberra Hospital Northern Car Park project.

Given the short time frames, Aurecon are currently pursuing the highest scoring option while we confirm internally the preferred site.

Ultimately the site visit, consultant workshop and evaluation has indicated the Building 5 site as the most appropriate location. It is the only site that delivers against each of the key criteria:

- 200m radius from Building 12 (still to be validated against critical clinical timeframes);
- Sufficient footprint to deliver the required car park yield (at least 900 spaces); and
- Provide an appropriate amenity for an arrival point to the hospital.

There are challenges with this site, including staging and decanting, impacts on local residents and demolition/write down costs; however, none of the other options fully meet ACT Health's requirements – the next closest option would see a facility across Yamba Drive near the existing multi-story car park, perpetuating existing challenges around distance from parking to the main entry (and SPIRE entry when completed) and providing a significant challenge to the retrieval service.

As part of the due diligence, further feasibility will be undertaken, including cost estimation, massing diagrams, traffic impacts and delivery model.

Please let me know if you would like to discuss this briefing note in more detail or if there are any significant issues with the outcome – I note that we will be taking an opportunity tomorrow to seek the Director-General's feedback.

Thanks and regards

**Brad Burch** | Innovation Partner

(02) 6207 2385 or [REDACTED]

**From:** [REDACTED]@aurecongroup.com]

**Sent:** Thursday, 15 February 2018 3:23 PM

**To:** Burch, Brad (Health) <Brad.Burch@act.gov.au>

**Cc:** [REDACTED]@aurecongroup.com>; [REDACTED]@amcarchitecture.com.au)

[REDACTED]@amcarchitecture.com.au>; [REDACTED]@aurecongroup.com>; [REDACTED]

[REDACTED]@aurecongroup.com>; [REDACTED]@aurecongroup.com>

[REDACTED]@aurecongroup.com>; [REDACTED]@otcconsultants.co>; [REDACTED]@ptcconsultants.co>;

[REDACTED]@amcarchitecture.com.au>; [REDACTED]@aurecongroup.com>

[REDACTED]@aurecongroup.com>

**Subject:** TCH Northern Car Park - Options Workshop 2 Outcome Briefing Note

Hi Brad

Further to our options workshop on Tuesday – please find attached a briefing note with the justification and consideration for the recommendation for Site 4 as the preferred site for the carpark and helipad.

Can you please discuss and confirm ACT Health's acceptance of this recommendation at your earliest convenience.

We are meeting with TCCS ( [redacted] ) tomorrow to discuss traffic issues with Site 4.

We also require a discussion with you say Tuesday next week, to understand ACT Health's appetite for commercial developments / arrangements. Look out for a meeting request.

Please give me a call to discuss if required.

Regards

[redacted]  
[redacted] Aurecon  
[redacted] F +61 2 61120106 M [redacted]

[au.linkedin.com/in/\[redacted\]](#)

[@aurecongroup.com](#)

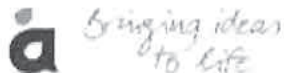
Suite 6.02, Level 6, 14 Moore Street, Canberra Australia 2601

GPO Box 320, Canberra City ACT 2601

[aurecongroup.com](#)



CLICK TO READ MORE



DISCLAIMER



Aurecon Australasia Pty Ltd  
 ABN 54 005 139 873  
 Suite 6.02, Level 6  
 14 Moore Street  
 GPO Box 320  
 Canberra City ACT 2601  
 Australia

T +61 2 6112 0100  
 F +61 2 6112 0106  
 E canberra@aurecongroup.com  
 Waurecongroup.com



## Options Workshop 2 – Outcome Briefing Note

To	ACT Health	From	Aurecon Project Team
Date	6 November 2017	Pages (including this page)	10
Subject	TCH Northern Car Park - Site Selection Workshop - Briefing Note		

### 1 Summary

The purpose of this briefing note is to obtain endorsement by ACT Health of the preferred site for a proposed new 900 space car park and helipad at the TCH. A site selection workshop held on the 13 February 2018 considered several sites across the TCH campus, and using a multi-criteria analysis identified preferred option site 4. This site is located at the eastern side or rear of the TCH campus near the corner of Gilmore Crescent and Palmer Street and would partially replace existing building 5 which is at end of life and require the relocation of demountable building 24. Identification of replacement facilities will be in the scope of this project. Site 4 is preferred as it achieves the project objectives and is centrally located to allow the creation of a focused entry point to the hospital.

### 2 Introduction

Centenary Hospital in Canberra is expanding and a detailed business case is underway to secure funds for the development of the new Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE). It's expected that this development and the related expansion of services at The Canberra Hospital (TCH) will likely displace up to 350 car park spaces. The additional hospital capacity drives a statutory requirement for an additional 550 spaces on campus. SPIRE will also occupy the current helipad site. Whilst plans for the new building include a replacement helipad, there is a need for a temporary facility to allow uninterrupted helicopter operations.

Because of this, ACT Health is seeking to identify options for a future carpark location. This work will lead into a Business Case with respect to increasing car parking capacity at TCH.

To progress this work and secure funding from Treasury, ACT Health appointed Aurecon as the consultant team to lead this site selection process. AMC Architecture has been appointed as the Architect to lead the carpark design and Parking and Traffic Consultants (PTC) for the traffic impact analysis. Together, this group form the Consulting Team.

The Consulting Team, accompanied by a representative from ACT Health, completed an extensive site inspection of TCH on the 12 February 2018. During this inspection, seven possible options for car parking were identified for further investigation at a Site Selection Workshop on the 13 February 2018.

This was attended by Brad Burch, Innovation Partner, Building Health Services Program, with key inputs from Michael Warylow, Carparking Manager TCH.

The outcome of this workshop was a preferred option to progress to concept design stage and technical analysis. This output will be the input to a cost estimation process, which in turn will provide for a financial analysis and delivery model analysis of the proposed car park and temporary helipad.

This briefing note is seeking endorsement from ACT Health as to the recommendation of the Preferred Option in this Site Selection Process.

### 3 Problem / Opportunity

Location – Parking at the north end of the hospital campus is very limited. This 'end' of the campus is prominently dedicated to acute in-patient care and complaints from patients, visitors and staff about



the walking distance to the car park are common. This project provides the opportunity to realign parking to meet primary treatment locations.

**Allowance for Growth** – TCH is currently without an up-to-date Master Plan. This creates a risk that future development may be without consistent thought to long-term growth and how it can be accommodated within the existing hospital footprint. This opportunity to construct a new multistorey carpark is an opportunity to 'get it right' by creating a focused entry point to the hospital and to consolidate aging and dispersed infrastructure in a compact and design focused solution.

**Financially Self Sustaining** - All parking on TCH site is currently free. The addition of a new, multistorey car park presents a catalyst to move towards a user pays regime. There is an appetite within the Treasury department to ensure that any new carpark infrastructure is self-funding. As such, tariff structures and delivery models that support this appropriately will be explored within this project.

#### 4 Service need

**Demand** - Several previous studies have identified the requirement for an additional 900 car park spaces at TCH. This study assumes this requirement for 900 additional car park spaces.

**Helipad** – the site selected must be able to accommodate helicopter access in terms of an appropriate flight path and timely and efficient access to the emergency department (ED). This has been qualified by a 200m radius. It is understood that the helipad will be a temporary solution required until the completion of the SPIRE development.

#### 5 Options considered

Seven options for a future carpark location were presented on the simple basis of them providing an area of available land as shown in Figure 1 below. No other criteria were applied to these sites at the onset of the Workshop.

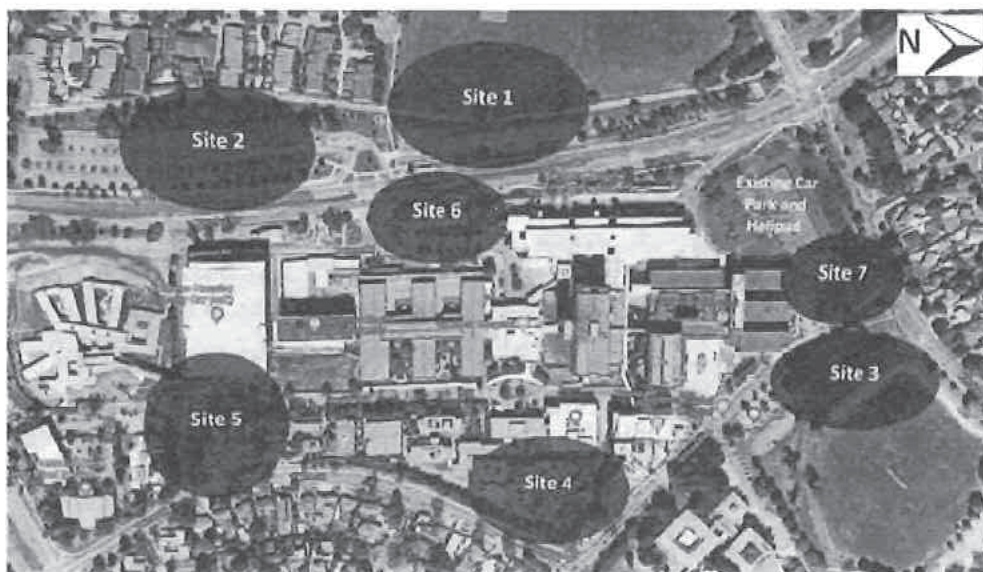


Figure 1 | Site Options

During the workshop each site was assessed against Problem/Opportunity and Service Needs discussed in previous sections.

### Site 1

Site 1 is in the west of the site, across main road, Yamba Drive. The land is currently owned by Transport Canberra and Community Services (TCCS) and is bordered by a creek and flood plain. The area of Site 1 is restricted and accommodation of a multistorey carpark to fit 900 cars would be extremely tight.

A number of benefits and dis-benefits of Site 1 were discussed and are presented in Table 1.

Benefit	Dis-benefit
Direct access for traffic from Yamba Drive. Proximity to ED Building no. 12 (within 200m).	Would need pedestrian overpass bridge /connection into ED for retrieval.
Minimal impact during construction (loss of 100 approx. on grade car parking).	Little opportunity to Value Add. Need all space for car park structure. >4 levels required - may not meet yield requirements - too narrow.
Suitable for helipad - no impacts to existing flight paths (CASA/air services). Failed approach can use adjacent oval. Unlikely wind shear / impacts from updrafts / plumes.	land custodian is TCCS - statutory planning changes required (PRZ1) / delays to program for amendments to planning and acquire adjacent land.
Would not impact ED / existing buildings acoustics / impacts to exhaust upon mechanical services air intakes to ED services.	Adjacent to concrete floodway.
Loading bay access is good to support commercial developments.	
Would attract other users in off peak times and weekend (e.g. Woden centre / sporting fields users).	

Table 1 | Benefits and Dis-Benefits Site 1

### Site 2

Site 2 locates a multi-level car park on the site of an existing on grade carpark. This option was considered because it provides a clear site for an efficiently designed car park, with direct access onto Yamba Drive. It has ample space to accommodate additional value add infrastructure in the form of medical suites, complementary health services, and or retail spaces.

A number of benefits and dis-benefits of Site 2 were discussed and are presented in Table 2.

Benefit	Dis-benefit
Good opportunity for Value Add infrastructure (i.e. allied health / consulting suites) - due to space. Large parcel of land	No existing access from south bound Yamba Drive (no right hand turn at intersection)
Low building height to achieve required parking spaces (<4 levels)	Land custodian is TCCS, therefore additional time required to procure



Benefit	Dis-benefit
Good access to Yamba Drive / Hindmarsh drive for separate entry / exits	Pedestrian traffic issues Yamba Drive / crosses road to access campus. Overpass walkway to be constructed
Block is appropriate shape - would achieve yield of 900 spaces spread across ~3 levels	Would lose existing on grade carparks / during construction
CZ2 zoning allows for car parking use (merit track DA)	Southern proximity away from key hospital destinations on northern side
Would not impact ED / existing buildings acoustics / impacts to exhaust upon mechanical services air intakes to ED services	Less suitable for helipad - changes to existing flight paths (CASA/air services) No failed approach - need to undertake public consultation / approvals
Unlikely wind shear / impacts from updrafts / plumes for helipad	>200m from SPIRE for ED access and therefore not-acceptable helipad location

Table 2 | Benefits and Dis-benefits Site 2

### Site 3

Site 3 is a multi-level car park on the site of the current at-grade hospital parking at the border of the school and community football oval. Development of this site would require extensive community consultation and significant opposition is to be expected. This requires the extensive reconfiguration of the entry roads and ramps and reduces the main area of green space surrounding the campus.

Key benefits and dis-benefits are listed in Table 3 below.

Benefit	Dis-benefit
Provide parking to the north of the campus and has close proximity to SPIRE	Overland flow / stormwater run-off from ovals / culvert under Gilmore St.
Block is appropriate shape - would achieve yield of 900 spaces, approx. 3 levels	An MOU between ACT Health and TCCS, for ACT Health's use of the site stipulates "no paid parking" on this site.
Suitable for helipad - no impacts to existing flight paths (CASA/air services). Failed approach can use adjacent oval. Unlikely wind shear / impacts from updrafts / plumes	Adjacent oval is used by sporting communities.
Would not impact ED / existing buildings acoustics / impacts to exhaust upon mechanical services air intakes to ED services	Pedestrian Traffic issues Gilmore Drive crossing road to access campus.
	Little opportunity to produce any value adding infrastructure as all available land is required for car park structure, unless structured car park increased to say 6 levels.

Benefit	Dis-benefit
	There are a number of established trees which appear to be exotics, on the site which would need to be removed, offset plantings required.
	Helipad viability is potentially impacted during construction of SPIRE due to the crane boom.
	Close to Garran PS / traffic / future ambulance route to SPIRE. Uses local route through residential area - would exceed local road capacity. Single carriageway approaches.
	Reroute pedestrians required to ensure avoiding access to SPIRE via centenary hospital.

Table 3 | Benefits and Dis-benefits Site 3

#### Site 4

Site 4 is currently occupied by two hospital buildings, #24 and #5 and an existing on grade car park space. Site selection here triggers enabling work to future hospital redevelopment. The option requires relocation of services currently performed in Buildings 24 (Staff short term accommodation) and Building 5 (various services), into redeveloped spaces. It also requires the relocation of a demountable building 24 and demolition of the rear portion of Building 5, retaining the front wing comprising training and conference facilities.

A number of benefits and dis-benefits of Option 4 were discussed and are presented in Table 4 below.

Benefits	Dis-benefits
Existing buildings on site are at the end of life (building No.5), approximately 3 years remaining. Disposal of these assets would save \$3-10M operating costs. Building 24 is a demountable- easily relocated. Central location, with existing connection (tunnel) to acute services for retrieval / staff use (not public).	Existing triangular shape site, not suited for structured car park, without modifications/demolition to adjacent operational / in use buildings. This would require relocation of existing users / essential services being - rear of Bld 5 (accommodation/residences) and demountable building 24 (administration).
Ability to conceal 2-3 levels from adjacent residents due to differential grade.	Busy car park - users accessing NCPH / Women's & Children's Hospital.
Good opportunity for Value Add / retail / commercial facilities - due to central location. Replace lost accommodation with Hotel.	Proximity to local residence on Palmer St / Garran area.
Located on Hospital land / zoning / planning / purchase of land.	Loss of existing parking / amenity during construction (up to 150 spaces)



Benefits	Dis-benefits
Block would achieve yield of 900 spaces, approx. 4-5 levels	Close to Garran PS, likely traffic conflict. Uses local roads through residential area - would exceed local road capacity particularly Palmer St. Single carriageway approaches. Potential for traffic signals warranted.
Is preferred site by ACT Health.	Would need to utilise Hospital road for alternative right turn in access to structure car park.
Better amenity / connection into TCH arrival / destination of visitors / patients.	Future use of front of building 5 is still being considered / function rooms / training rooms - significant consultation required to decant / stage and require inputs from ANU
Location would address the lack of parking on TCH north end of campus for public use.	Too close to other buildings for acoustics separation/lining for helipad.  Less suitable for helipad - changes to existing flight paths (CASA/air services). No failed approach - Need to undertake public consultation / approvals.

Table 4 | Benefits and Dis-benefits Site 4

#### Site 5

Site 5 is currently occupied by hospital staff residential quarters. These assets are aging and there was consideration to demolish them and reinstate new accommodation as part of the carpark project.

A number of benefits and dis-benefits of Site 5 were discussed and are presented in Table 4.

Benefits	Dis-benefits
Site comprises 12-16 doctor's accommodation buildings (existing)	Difficult to achieve car space yield.
Relatively close to main arterial roads (Hindmarsh) for easy traffic egress / access.	Southern proximity away from key hospital destinations on northern side.  Less suitable for helipad - changes to existing flight paths (CASA/air services negotiations required). No failed approach - Need to undertake public consultation / approvals.
	Retrieval distance to ED >500m.

Table 5 | Benefits and Dis-benefits Site 5

#### Site 6

Site 6 is currently a relatively small carpark to the south of the emergency department. Whilst this site could not provide carparks for the full 900 demand, it could provide a portion of these and a raised

helipad. The additional parking capacity could be provided elsewhere, as part of a two-staged approach or a car park structure over the existing access road to the ED department.

A number of benefits and dis-benefits of Site 6 were discussed and are presented in Table 6

Benefits	Dis-benefits
Split option / Use with hybrid option. 400-600 spaces could be provided only. Unless structure straddles over access road.	Noise / Ventilation issues with proximity to ED potential impacts to MRI and other sensitive ED equipment through construction and helipad operations.
Closer to main arterial roads (Yamba Drive) for easy traffic egress / access.	Impact ambulance access to ED during construction.
Suitable for helipad - no impacts to existing flight paths (CASA/air services). Failed approach can use adjacent oval. Unlikely wind shear / impacts from updrafts / plumes.	Constrains future development of buildings #2 & #3.

Table 6 | Benefits and Dis-benefits Site 6

#### Site 7

Site 7 is very constrained portion of land at the Northern tip of the hospital. It was considered predominantly because of its location and proximity to SPIRE/Emergency Department

A number of benefits and dis-benefits of Site 6 were discussed and are presented in Table 7

Benefits	Dis-benefits
On north side of precinct.	Beneficial open space and outlook for post-natal wards / court yards would be lost.
	Flood plain / overland flow from Garran ovals.
	Difficult to achieve car space yield.
	In construction of SPIRE (cranes) helipad would be impacted
	Difficult road connection access.

Table 7 | Benefits and Dis-benefits Site 6

## 6 Evaluation

Each option was considered against the agreed evaluation criteria, as outlined below:

- Alignment
  - Alignment with plans for SPIRE / Hospital development  
Future development on the hospital campus can be undertaken in an appropriate manner
  - Alignment with ACT Health (development/infrastructure/business) plans
- Location
  - Patients/visitors/staff have sufficient access to hospital car parking in a timely and efficient manner



- Community – impact on community / local residents and consideration of their needs
- Site constraints / Buildability
  - The site is accessible and car park can be constructed with minimal disruption to hospital access for patients, staff, visitors and emergency vehicles.
  - Impacts to existing operations / planning timeframes for land acquisitions
- Future Proof
  - Patients/Visitors/Staff will have sufficient transport options to access the hospital in a timely and efficient manner once expansion state is realised
  - Carpark capacity meets future demand estimate / achieves project brief requirements
  - The carpark design can be appropriately staged to accommodate growing demand
- User and Stakeholder Satisfaction
  - Patient / Visitor / Staff Satisfaction  
Patients, visitors and staff are likely to be satisfied with access to the hospital in a timely and efficient manner now and in future
  - Industrial Relations  
Staff and staff representatives are likely to be satisfied with access to the hospital including considerations of safety, tariff rates, adequacy of supply and meeting enterprise bargaining agreement (EBA) / employment contract requirements.
- Financial Viability
  - To be assessed at a later stage.

During the workshop each site location was scored for suitability against the evaluation criteria as shown in Figure 2 below. Each evaluation criteria has also subsequently been weighted (not discussed in workshop) to reflect the criticality of each criteria against the desired project outcomes.

Criteria	weighting	SITE LOCATION						
		1	2	3	4	5	6	7
Alignment	3	2	1	2	3	0	1	0
Location	3	3	1	1	2	0	2	0
Site constraints / Buildability	1	1	3	1	2	0	1	0
Future Proof	2	1	3	2	3	0	1	0
User & Stakeholder Satisfaction	3	1	1	1	3	0	2	0
Financial Viability	0	0	0	0	0	0	0	0
Unweighted Score		8	9	7	13	0	7	0
Weighted Score		21	18	17	32	0	18	0

- 0 Not considered
- 1 not suitable
- 2 suitable
- 3 Highly Suitable

Figure 2 | Site Evaluation Scores

## 7 Conclusion

Site 4 was selected as the preferred option as the benefits are considered significantly more valuable than those of the other options. It caters for all project drivers, namely:

- North side location
- Deliver the required yield of 900 car parks
- Provide a suitable location for a helipad site
- Centrally located to create a focused entry point to the hospital
- Provide value add infrastructure

Site 4 is the only site to involve relocation and demolition of existing hospital facilities. This is likely to add significant cost to the project, however it should be considered against the fact that these facilities are nearing their end of life and significant investment is required to keep them in an operational state.

The rear of Building 5 will need to be demolished, which houses short term accommodation at present and the relocation of demountable Building 24 providing administration functionality, and as such the identification of replacement facilities for these functions will be in the scope of this project.

## 8 Recommendation

It is recommended that ACT Health decision makers endorse Site 4 as the Preferred Option from the Site Selection Process. Following such endorsement, the Consultant Team will proceed with the following activities:

- Concept Design of the carpark, helipad and accommodation quarters
- Traffic impact study, in line with this design
- Engineering assessment
- Capital cost estimate
- Delivery model assessment and recommendation
- Financial evaluation

It should be noted, that at present, this is the only option being explored. This will not provide the project business case with any construction options for comparison. The only option analysis will be around delivery/funding models.



## DIRECTOR-GENERAL MINUTE

TRIM Reference No. \_\_\_\_\_

<b>SUBJECT:</b>	Procurement of ACT Health Car Parking Strategy
<b>From:</b>	<i>Karen Doran, A/g Deputy Director-General, Corporate</i>
<b>Through:</b>	<i>Vanessa Brady, Executive Director, Building Health Services Program</i>
<b>Critical Date:</b>	<i>13 July 2018</i>
<b>Reason:</b>	<i>To ensure that the Strategy is prepared within allocated timeframes.</i>

### Recommendations

That you:

Note the information contained within this minute.	<i>NOTED PLEASE DISCUSS</i>
Agree that the Building Health Services Program (BHSP) will lead the procurement of this Strategy within their funding envelope.	<i>AGREED NOT AGREED PLEASE DISCUSS</i>
Agree to procure a consultant to undertake and complete a Car Parking Strategy within the next three months.	<i>AGREED NOT AGREED PLEASE DISCUSS</i>

.....  
*Michael De'Ath*  
**Interim Director-General**  
 ACT Health

*July 2018*



## DIRECTOR-GENERAL MINUTE

### **Purpose**

To seek your permission to engage a consultant to produce and ACT Health Car Parking Strategy.

### **Background**

ACT Health provides public and staff parking at approximately 11 sites across the Australian Capital Territory (ACT), with the primary sites located in Garran ACT (Canberra Hospital) and Bruce (University of Canberra Hospital and Calvary Hospital).

There are over 5,400 car spaces located across all ACT Health sites. 60% of these spaces are located at Canberra Hospital.

Parking is a critical consideration for all ACT Health sites. Canberra Hospital's parking facilities and its surrounding road network is currently close to capacity. The major parking facilities at Canberra Hospital are often criticised as being poorly located, and poorly integrated with the service delivery infrastructure of the precinct. The new SPIRE development, and extension to the Centenary Women and Children's Hospital will exacerbate existing supply constraints on parking.

Previous attempts at introducing paid parking at the Canberra Hospital have not been successful. This has been attributed to public perceptions, and in part to industrial considerations. Canberra Hospital is one of many facilities of ACT Health across Canberra, and there exists a sensitivity that Health employees working from Canberra Hospital would be at a financial disadvantage should parking tariffs be imposed at that site, but not others.

A procurement plan will be developed and a consultant will be engaged through the Commercial Advisors Panel upon approval of this brief.

### **Issues**

As we invest further in developing Health services infrastructure within the Territory, an opportunity exists to consider alternative parking models at all ACT Health facilities, such as the introduction of revenue based parking model that supports client parking.

### **Benefits/Sensitivities**

Parking for employees, patients and visitors at Canberra Hospital attracts a moderate level of scrutiny, with complaints about the lack of available parking often being received. This Strategy will assist with reviewing whether the current parking model is sustainable.

Paid parking is likely to enhance the patient experience as staff currently park in time-limited spaces designated for public and then move their vehicles.

A copy of the Strategy will be provided to the Minister for guidance and decision through your office.





## DIRECTOR-GENERAL MINUTE

### Media

A communications plan will be developed and consultation will occur with affected stakeholder groups, such as with consumer representatives and community groups, if there is a proposed change to car parking arrangements.

*Have relevant communications material to support this brief been attached (communications plan, draft media release, talking points etc)?*  Yes  No  N/A

*Has the Communications Branch been consulted?*  Yes  No  N/A

### Financial

There will be a financial implication in relation to funding this Strategy, however exact costs are yet to be determined. The Request for Quote process will identify associated costs with procurement of the Strategy, pursuant to ACT Government Procurement Guidelines, which will be funded within the BHSP's budget allocation.

Signed off by:	Rosemary Kennedy	Phone:	62050606
Title:	Executive Director		
Branch/Division	Business Support Services		
Date:	28 June 2018		
Action Officer:	Michael Warylo	Phone:	62079153
Unit:	Client Services, Security and Emergency		



MINISTERIAL BRIEF

Health Directorate

SENSITIVE

**To:** Minister for Health and Wellbeing Tracking No.: MIN18/324

---

**From:** Michael De'Ath, Interim Director-General

---

**Subject:** Car parking at ACT Health facilities

---

**Critical Date:** Not applicable

---

**Critical Reason:** Not applicable

---

- DG 19/7/18 *[Signature]*
- DDG .../.../...

**Purpose**

To provide you with background information on car parking at ACT Health facilities, and proposals for revisiting options for a revenue based parking model.

**Recommendation**

That you note the information contained in this brief.

*(Noted / Please Discuss*

Meegan Fitzharris MLA .....

*[Signature]*

31/8/18

Minister's Office Feedback

SENSITIVE

## SENSITIVE

**Background**

1. Pay parking across hospital campuses was previously introduced in 2006 to contribute to budget savings targets under the 2005-06 Budget.
2. Staff and contractors were excluded from the pay parking arrangements. At that time, ACT Health employees located in and around town centres did not have access to free car parking, however health staff at other more remote health facilities did have access to free car parking.
3. Considerable community resistance and objection was experienced with the introduction of pay parking, related to:
  - Inequity – free parking for staff while the sick, aged, poor and disabled users of the site incurred a cost;
  - Payment method – 'pay and display' versus 'pay on exit';
  - Relative cost – higher than other ACT Government car parks; and
  - Distress – adding to an already stressful event, having the required money especially when the length of time was unknown and the risk of receiving a parking fine.
4. Several Questions on Notice from Members of the ACT Legislative Assembly focused on issues similar to those raised by the community.
5. On 25 May 2007, the ACT Government ceased pay parking arrangements at both Canberra and Calvary Hospitals.
6. In 2014, ACT Health engaged a consultant, Parking and Traffic Consultants Group (PTCG), to undertake an options analysis of revenue based parking models at Canberra Hospital. A copy of the briefing provided to the then Minister for Health is attached for your information (Attachment A).
7. More recent work on revenue based parking model options has been undertaken in the context of developing capital business cases under the Building Health Services Program (BHSP). However, further work and analysis would be required to validate assumptions, utilisation and extend considerations to incorporate all ACT Health facilities, including CPHB and UCH.

**Issues**

8. The *ACT Public Service Nursing and Midwifery Enterprise Agreement 2013-17* (N&M Agreement), c|205.1 states that "For the life of this Agreement, the Directorate will provide free car parking for employees of the Canberra Hospital and Calvary Health Care".
  - a. Whilst the abovementioned clause states 'employees' it is noted that the Agreement only covers the classifications under Schedule 1 of the Agreement (Assistant in Nursing, Registered Nurse Levels 1-5, Enrolled Nurse Levels 1-2, Nurse Practitioner).

SENSITIVE

## SENSITIVE

9. The nominal expiry date of the N&M Agreement was 30 June 2017. This agreement and clause will remain in force until it is replaced by a new agreement without this provision incorporated.
10. The N&M Agreement is currently the only enterprise agreement applicable to ACT Health that includes a provision for free parking.
11. Enterprise Agreement negotiations to date do not indicate that the parking clause will be excluded from the new N&M Agreement. It is however understood that the term of the new N&M Agreement is proposed to 18 months (to 31 December 2019).
12. The BHSP is being considered in a territory wide strategic context – including service demand modelling and a master planning exercise. The incorporation of a parking strategy into this work, including options for a revenue based parking model and possible trigger points for implementation, is considered to be the most appropriate way forward to assist with further analysis of issues and possible strategies to resolve these.
13. The term of the new N&M Agreement would allow for this planning work to be progressed and completed prior to negotiations of the next N&M Agreement.

**Financial Implications**

14. The financial implications of a revenue based parking model will be fully analysed as part of this work.
15. Any agreed revenue based parking model would need to maintain a level of consistency across all ACT Health sites, while accommodating price variations to reflect local precinct cost differentials.

**Consultation**Internal

16. ACT Health would need to consult with ACT Health staff prior to the introduction of any revenue based parking model.

Cross Directorate

17. Cross Directorate consultation would be required. In particular, collaboration and consultation with Access Canberra, EPSDD, JACS and TCCS will be required in order to address the legal obligations and implications on a whole of government basis.

External

18. ACT Health would be required to widely consult with the consumers, clients, community groups and unions regarding community expectations and stakeholder requirements.

SENSITIVE



## SENSITIVE

**Benefits/Sensitivities**

19. Based on the learnings from the 2006 pay parking scheme it is clear that there will be sensitivities to manage in any reintroduction of a revenue based parking model. However, the introduction of such a model may better support members of the public accessing parking during peak times, by reducing staff usage of spaces. Further, it may encourage travel mode shift, alleviate parking congestion and provide a better client parking experience.

**Media Implications**

20. There would be significant public interest in the implementation of any revenue based parking model at ACT Health facilities.
21. An extensive Communication and Engagement Strategy would be required to be developed.

Signatory Name:	Karen Doran	Phone:	52248
Action Officer:	Sallyanne Pini	Phone:	54689



## MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601  
 Website: [www.health.act.gov.au](http://www.health.act.gov.au)  
 ABN: 82 049 056 234

**To:** Simon Corbell MLA, Minister for Health  
**Subject:** Introduction of pay parking at Canberra Hospital and Calvary Hospital  
**Through:** Dr Peggy Brown, Director-General  
 Stephen Goggs, Deputy Director-General, Strategy and Corporate  
**Cc:** Ian Thompson, Deputy Director-General, Canberra Hospital and Health Services

Received in  
 Minister's office:

18/12/14

**Critical Date** N/A

### Purpose

- To provide you with advice on and seek your agreement to introduce pay parking at Canberra Hospital and Calvary Healthcare ACT (CHCACT).

### Background

- On 28 January 2014, following the receipt of advice on issues associated with the potential introduction of pay parking at Calvary and Canberra Hospital campuses (Attachment A), the previous Minister for Health agreed to ACT Health undertaking an analysis of revenue pay parking modelling for the Canberra Hospital and Calvary campuses, through the engagement of an appropriately qualified consultant.
- The Parking and Traffic Consultants Group (PTCG) were formally engaged by ACT Health to undertake revenue analysis of paid parking within the multistorey carpark on the southern end of the Canberra Hospital Campus.
- ACT Health provided PTCG with two supply-driven paid parking designs with the requirement for the consultant to engineer a demand-driven paid parking model that considers all factors relevant to the introduction of paid parking within a large tertiary health facility.
- The PTCG scope of study also included an analysis of other influential factors relevant to the introduction of paid parking. These considerations included:
  - An analysis of the transport environment at the Canberra Hospital
  - An impact analysis of on street and off street parking within a 500m zone of influence from the centre of the Canberra Hospital campus
  - A survey of parking prices in Canberra to facilitate the engineering of an appropriate paid parking tariff model that is congruent and consistent with Territory parking prices
  - Demand modelling for identified parking user groups

### Communication Implications (including media)

- If pay parking is introduced, it has the potential to generate negative media comment. A communications strategy will be prepared at a later date.

## Issues

8. PTCG have proposed the following tariff structure for health consumers and visitors of the Canberra Hospital Campus (public).

Period	0 - 1 hr	1 - 2 hrs	2-3 hrs	3 - 4 hrs	4 - 5 hrs	Max per day
Fee (inc GST)	\$2	\$4	\$6	\$8	\$10	\$10

This is aligned with parking tariff structures across the Territory, and parking prices within other metropolitan hospitals.

9. Parking demand modelling for the Canberra Hospital site has determined the following weekday peak parking demand for the Canberra Hospital campus.

TCH Weekday Peak Parking Demand	Total Demand (spaces)
Staff (inc clinical, admin, support services, retail, VMO's, volunteers, education & training staff, and fleet vehicles)	2,772
Outpatients	448
Visitors	148
ED Presentations	36
Students	127
External Contactors	25
<b>Total Spaces</b>	<b>3,356</b>

PTCG have concluded that demand for peak weekday parking is currently met through a combination of 3,133 on-campus parking spaces and 933 off-campus spaces.

10. The study established that there were 933 off-campus spaces within a 500 metre zone of influence to the Canberra Hospital. 407 of these spaces are on-street parking. The report highlighted that these spaces may become heavily utilised after the introduction of pay parking to the Canberra Hospital.
11. The study also determined that 90 per cent of staff and 85 per cent of outpatients and visitors travelling to the Canberra Hospital Campus travel to the site by car and require parking for their vehicle. Cars were the preferred mode of transport over buses, cycling or walking. Convenience, flexibility and comfort were cited as key reasons for the strong preference of personal vehicles. The report indicated that the introduction of pay parking to the Canberra Hospital campus will result in a decline in the demand of parking spaces on campus of 10 per cent - 30 per cent.
12. PTCG engineered a paid parking model for the Canberra Hospital campus which accounted for the above influential considerations and was derived through specific parking demand for key user groups and a number of fundamental inputs such as the number of overnight beds, bed occupancy rates, and outpatient occasions of service and ED presentations. Key user groups considered in the study included clinical and general staff, VMOs, retail staff, volunteers, outpatients, visitors, students and external contractors. Three paid parking options are
- Option 1 - Public Paid Parking within the multistorey carpark
  - Option 2 - A combination of Public and Staff Paid Parking within the multistorey carpark
  - Option 3 - Option 2 + Public Parking within the Gungahlin and Belconnen Community Health Centres



### Option 1 - Public Paid Parking within the Multistorey Carpark

13. PTCG have proposed that an optimal demand driven paid parking model for the Canberra Hospital involves the administration of public pay parking within levels 1 – 3 of the southern multistorey carpark. This design would yield annual revenue of \$1.47 million (ex GST) under the tariff structure proposed in the previous section. Under this PTCG proposal, levels 4 -8 would be designated for staff and government vehicle parking at no charge.
14. If this proposal were to be adopted, ACT Health suggests a variation of the above proposal to include level 4 as part of the paid parking spaces and retain levels 5 - 8 for staff vehicle parking at no charge (as per current practice). This would reduce the need for the installation of boom gate fixtures on the ramp at level 3 that leads to level 4 to separate public and staff parking areas, as there is existing boom gate infrastructure on level 4. This adjustment will provide for the required supply of public parking spaces for both current demand and future growth.
15. However, there would be some impact to staff parking under this proposal as the report has advised that staff tend to occupy spaces within level 4 of the multistorey carpark (presently marked as 6 hour spaces). As staff would be unlikely to continue the practice of parking on level 4 after the introduction of paid parking, alternate parking may be required to facilitate for the approximately 200 displaced staff vehicles. This can be achieved through the conversion of public spaces to staff spaces within the Yamba South Carpark which presently accommodates for a total of 170 public spaces.

### Option 2 – a combination of Public and Staff Paid Parking within the Multistorey Carpark

16. PTCG progressed additional analysis for ACT Health in relation to providing revenue estimate if paid parking were to be introduced for car spaces within levels 5 - 8 of the multistorey carpark. Under this model, levels 1 – 4 would be designated as public paid parking and the remaining levels would be retained for staff use. However, staff would be required to pay a daily nominal fee to access a parking space. The table below provides indicative revenue figures for a daily tariff for a staff parking space of either \$3.00 or \$5.00. The table also provides for the exclusion of weekends from the staff tariff regime in effect providing 4 separate tariff options.

Scenario	Annual Revenues, Staff (ex GST)	Annual Revenues, Public Tariff (ex GST) Option 1	Annual Revenues, Staff and Public (ex GST) Option 2
1 staff pay \$3 per day, 7 days per week	\$1.06m	\$1.47m	\$2.53m
2 staff pay \$3 per day, weekdays only	\$0.75m	\$1.47m	\$2.22m
3 staff pay \$5 per day, 7 days per week	\$1.76m	\$1.47m	\$3.23m
4 staff pay \$5 per day, weekdays only	\$1.26m	\$1.47m	\$2.72m

Within this option, public would be charged the proposed public tariff while staff would be charged a nominal daily rate. This differentiation would force the separation between public and staff levels as staff would need to park at the higher levels to be eligible for the lower staff tariff.

17. PTCG have suggested that a suitable means to charge staff for parking may be through payroll deduction. However, an alternate approach could involve the use of appropriate ICT technology to integrate ACT Health's Identity Management System (IAM) to a bank card or payroll deduction service.



### Option 3 – Option 2 + Public Parking within the Gungahlin and Belconnen Community Health Centres

18. Option 3 considers the introduction the public paid parking regime within the Belconnen and Gungahlin Community Health Centres, in addition to the introduction of paid parking for both public and staff within the multistorey carpark. Please note that Tuggeranong, Civic and Dickson do not have on-site public parking and would be excluded from the paid parking regime as a result. This initiative would alleviate some of the parking demand pressures presently experienced on these sites and present a consistent perspective for parking across Health facilities.
19. Formal revenue modelling is yet to be undertaken for the introduction of public paid parking within the Belconnen and Gungahlin community health centres. However, it is not envisaged that revenue from these sites will be significant given the limited numbers of public parking current on these sites.

### Financial Implications

20. PTCG has provided indicative costings for the initial installation of pay parking service infrastructure and these together with project establishment and disability parking relocation costs are detailed below.

Item	Notes	No	Price (\$)	Total (\$)
Project Establishment	Fees to engineer project scope, engage appropriate procurement for installation, project management fees	1	200,00	200,000
Entry unit	inc ticket dispenser, proximity card reader	3	10,500	31,500
Exit unit	inc ticket reader, proximity card reader & credit card payment at exit	3	11,500	34,500
Boom gates	inc vehicle detection	6	2,500	15,000
Automatic Pay stations	Accepting payment by cash & credit card	2	30,000	60,000
Car park management computer	Installed in Car Park Office	1	30,000	30,000
Intercoms	Intercom server, master station, and slave units in each piece of equipment	1	25,000	25,000
CCTV system	DVR, cameras at all equipment locations (entries, exits, pay stations)	1	20,000	20,000
Bollards	One for each entry / exit unit, one for each boom gate	12	400	4,800
Installation, cabling and commissioning	Includes cabling from control equipment to nearby power source only. Also includes road crossings and making good, traffic management etc	1	30,000	30,000
Training	Staff training in basic maintenance and operation of equipment	1	3,000	3,000
Static Signage	Rate boards (at car park entries) plus signage re pay stations	1	10,000	10,000
Miscellaneous items	Conversion of Disability car spaces to standard car spaces, line marking, additional way finding signage, boom gates in other surface car parks to support the use of paid parking in the Multistorey Carpark	-	80,000	80,000
<b>Total</b>				<b>543,800</b>

Project establishment for the introduction of paid parking within the multistorey carpark is estimated at \$0.2 million. In addition, miscellaneous infrastructure is also required to support the introduction of paid parking with the multistorey carpark. These include allowances for additional line marking, the requirement for consistent way finding signage across the campus, the conversion of public to staff parking spaces within the Yamba Drive carpark, and additional boom gate infrastructure in currently unrestricted surface car parks.

21. PTCG have advised that the introduction of paid parking to the multistorey carpark in the Canberra Hospital will require the conversion of some disabled spaces to normal spaces to maximise the efficiency of the paid parking model. Disabled parking spaces may require relocation to other parking areas on the Canberra Hospital Campus. This cost has been included in the above installation estimates.
22. PTCG have suggested that investment towards a parking guidance system for multistorey carpark may be a worthwhile consideration and provided an indicative cost of \$1.18 million. PTCG have recommended that a parking guidance system may assist with the introduction of pay parking and the management of community perception as this will provide towards an enhanced patient experience and also aligns with consistent parking practices across the territory.
23. In addition to the above costs, it is proposed to install provision for electric vehicle recharge bays on level 2 of the multistorey carpark to accommodate for a general increase in electric vehicle use within the Territory. This cost is approximated at \$0.05 million and would result in a total cost of installation for the introduction of paid parking (inclusive of the parking guidance system) of \$1.78 million. This expense would be a one-off capital expenditure that could be offset through paid parking revenues.
24. It is estimated that ongoing operational and maintenance related expenditure may average \$0.2 million annually and this cost would be met through an appropriate budget-related expansion.

#### **Internal Consultation**

25. N/A

#### **External Consultation**

26. Significant stakeholder consultation will be required as part of this process. This will include the preparation of appropriate communications strategies.

#### **Benefits/Sensitivities**

27. A 704 space multi-deck parking facility is currently under construction on the Calvary Hospital campus. The new parking facility will have all provisions required for the installation of paid parking services. The final commissioning of the Calvary Carpark is planned for December 2015. There may be significant benefit to aligning the introduction of paid parking at the Canberra Hospital's multistorey carpark with the commissioning of the new Calvary multistorey carpark if this carpark is commissioned with paid parking services.
28. Planning for a 630 space (indicative figures) carpark has commenced in association with the University of Canberra Public Hospital (UCPH) plan. Operational and management arrangements for this carpark are now under discussion and may impact upon aspects of paid parking considerations of the Canberra Hospital campus. It is noted that presently all parking zones within the University of Canberra Precinct have paid parking facilities.



29. Shared Services Finance have advised that it is unlikely that the introduction of paid parking will impact on FBT liability for the organisation as Public Hospitals are exempt from the FBT liability of providing staff with either discounted or free parking. This issue requires further analysis from taxation specialists to confirm liability.
30. The introduction of paid parking in the multistorey carpark will require the engagement of services to progress detailed design and implementation strategies. This would include a more detailed cost analysis, implementation plan, communication strategy and consideration of issues that may arise and appropriate responses.
31. The current Nursing and Midwifery (N&M) enterprise agreement includes the provision of free parking for nursing and midwifery staff covered by this agreement. By only introducing paid parking for staff in the multistorey car parks it is not deemed to breach the current N&M enterprise agreement as there will continue to be free parking on both campuses making pay parking optional.
32. PTCG have advised that it is likely that the introduction of paid parking for staff within the multistorey carpark would result in the relocation of staff vehicles to alternate surface parking zones both on the Canberra Hospital Campus and within a 500 m zone of influence around the campus.
33. The expansion of paid parking facilities to all other surface public and staff parking zones at a later stage will provide a consistent rationale for parking on the Canberra Hospital campus and prevent the pooling of staff parking in previously unrestricted parking areas.
34. The second phase implementation plan will need to be developed following the first phase implementation to ensure that parking in streets of Garran can be managed as some staff may elect to park off campus.
35. At the expiration of the N&M enterprise agreement in 2017, assuming this clause is removed, it is proposed that phase 2 is implemented, which will see paid parking introduced across the rest of the Canberra Hospital campus.
36. This may also coincide with the completion of the University of Canberra Public Hospital and would therefore logically provide for pay parking introduction across the rest of the Canberra Hospital campus as well as the Calvary Healthcare Bruce campus for staff and public, thus providing consistency at each hospital location.

## Recommendations

That you:

- Note the above information.

NOTED/PLEASE DISCUSS

- Agree to the introduction of public paid parking on levels 1 – 4 of the multistorey carpark and staff paid parking on levels 5 – 8 of the multistorey carpark (Option 2).

AGREED/NOT AGREED/PLEASE DISCUSS

- Agree to ACT Health moving towards implementing paid parking in late 2015 to coincide with the opening of the new Calvary Car Park.

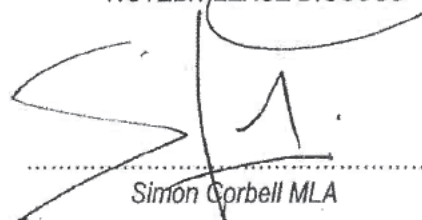
AGREED/NOT AGREED/PLEASE DISCUSS

- Agree to ACT Health undertaking a detailed analysis of related costs and implementation strategies to support Option 2 above through the engagement of an appropriately qualified parking consultant. This analysis will also include the option of introducing paid parking across remaining surface car parks at the Canberra Hospital in 2017 and also at the Belconnen and Gungahlin Community Health Centres.

AGREED/NOT AGREED/PLEASE DISCUSS

- Note the requirement for significant stakeholder consultation and appropriate communication strategies will be required.

NOTED/PLEASE DISCUSS

  
Simon Corbell MLA

18, 12, 14

Rosemary Kennedy  
Executive Director  
Business and Infrastructure

Action Officer: **Andrei Lena**  
Phone: XXXXXXXXXX



MIN 13/1885



**ACT**  
Government  
Health

## MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601  
Website: [www.health.act.gov.au](http://www.health.act.gov.au)  
ABN: 82 049 056 234

**To:** Katy Gallagher, Minister for Health  
**Subject:** Potential introduction of pay parking at the Hospital Campuses  
**Through:** Dr Peggy Brown, Director-General  
Ross O'Donoghue, A/g Deputy Director-General, Strategy and Corporate

Received in  
Minister's office:

21 JAN 2014

RETURN FOR FURTHER

**ACTION**

DUE EC 17/2/14

**Critical Date** N/A

### Background

2. On 1 November 2013, you requested advice on the issues associated with the potential introduction of pay parking at Calvary and Canberra Hospital campuses.
3. Pay parking was previously introduced in 2006 to contribute to the budget savings targets under the 2005/06 budget at the time of implementation. Staff and contractors were excluded from the pay parking arrangements across the hospital campuses. ACT Health employees located in and around town centres did not have access to free car parking however health staff at other more remote health facilities did have access to free car parking.
4. The *ACT Public Service Nursing and Midwifery Enterprise Agreement 2011-2013*, cl 204.1 included "For the life of this Agreement, the Directorate will continue to provide free car parking for employees of the Canberra Hospital and Calvary Health Care". This arrangement has also been included in the new *Nursing and Midwifery Agreement 2013-17*, however, the ANMF has been advised this arrangement cannot be guaranteed in the future.
5. Considerable community resistance and objection was experienced with the introduction of pay parking, related to:
  - Inequity - free parking for staff while the sick, aged, poor and disabled users of the site incurred a cost.
  - Payment method - 'pay and display' versus 'pay on exit'.
  - Cost - higher than other ACT Government car parks.
  - Distress - adding to an already stressful event, having the required money especially when the length of time was unknown and the risk of receiving a parking fine.
6. Several Questions on Notice from members of the Legislative Assembly focused on issues similar to those raised by the community.
7. On 25 May 2007, the ACT Government ceased the pay parking arrangements at both hospitals.

### Communication Implications (including media)

8. The issue has the potential to generate negative media comment from members of the public, staff and unions. A communication strategy and a number of consultative arrangements would be required well in advance of the re-introduction of pay parking.
9. Research indicates that the pay parking arrangements at other metropolitan hospitals varies according to the factors such as car park ownership/leasing arrangements, cost of new car parking infrastructure and supply of parking spaces. In the majority of cases surveyed, hospitals transferred the administration of pay parking and associated tariffs to a third party. Tariffs associated with pay parking are generated by the operating entity and fund ongoing car park maintenance and administration or repayments associated with BOOT (build, own, operate, transfer) schemes.
10. The following table is a snap shot of the survey data with complete data in [Attachment A](#).

Hospital / Health organisation	Staff pay parking	Public Pay Parking	Consultation	Other Comments
John Hunter Hospital	\$6.84 to \$16.18 per week, by pay deduction with exemptions for leave purposes	\$2.50 - \$10.00 per day; shuttle bus service operates to free parking at nearby stadium	Pay parking working party and union consultation	On 1 July 2013 depending on staff salary, and the type of car park either level A or level B (limited number of spaces and close proximity), staff paid between \$6.84 and \$16.18 dollars a week.
Nepean	P/T staff - \$16/week F/T staff - \$21 / week, via pay deduction pre-tax or value card. Honorary medical staff free other-wise all VMO's pay	Pay by the hour - \$6 up to a maximum of \$18/day. Concessional rates for pensioners available through parking manager or nurse unit manager.	Staff consultation; staff association and union consultation	Value card at a cost of \$5 and staff member loads money to the card. This option is favoured by part time and casual workers.

Hospital/Health organisation	Staff pay parking	Public Pay Parking	Consultation	Other Comments
Westmead Children's	\$24 / fortnight (\$2.40/day), via pay deduction, (inclusive of rec leave), applicable to all staff and no exemptions	Minimum \$6/hour up to maximum of \$17 for greater than 5 hours  Managed externally	HR, union and staff consultation	Concessional rates for seniors, long term patients, visitors visiting daily through social work dept.
Royal Darwin	\$99 annually that can only be used in specific car parks and not the car park for the public	\$4 for 3 hrs (first 2 hrs free) up to a maximum of \$8	Contractor implementation with very little consultation	Designated emergency on-call spaces and other emergency staff groups
Cairns	\$2.90/day and \$5/24 hr access	\$2.20/hr up to \$5.50/day	It is a public car park and there has always been pay parking	
Royal Adelaide	Average cost of \$36.83/fortnight via pre-tax pay deduction	\$19/day, no exemptions	Parking steering committee, union consultation and ballot to select the fee structure option	
QE11 Perth	\$4.10/day, externally managed via a pay parking account which can lock if in the negative	\$3 minimum to maximum of \$21/day	Staff HR and public consultation	
St George	Limited staff parking at a flat rate of \$2.50/day which is annualised	\$7.60/hr up to \$28 for greater than 6 hours	Consultation managed by Metro parking consultant	Concessions available depending on types of categories

11. Options to be considered:

- a) Canberra and Calvary Hospital campuses maintain current free parking arrangements in line with current community expectations regarding parking within ACT public hospital campuses. This option maintains the status quo; does not address future demand for parking resulting from service expansion; will not address increasing maintenance and management of infrastructure costs; and does not align with car parking arrangements at other hospitals nationally.