Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CORPORATE OFFICE

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CHRISTCHURCH 8011

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carolyn.gullery@cdhb.health.nz

15 June 2018

[redacted]

[redacted]

[redacted]

RE Official Information Act request CDHB 9821

I refer to your email dated 25 March 2018 and received in our office on 26 March 2018 requesting the following information under the Official Information Act from Canterbury DHB.

1. **All correspondence between the Ministry of Health and/or the HRPG and the Canterbury District Health Board about car parking in the last 12 months (until 26 March 2018).**

Please find attached as **Appendix 1** correspondence between the Ministry of Health and/or HRPG and the Canterbury District Health Board about car parking in the last 12 months (until 26 March 2018).

You will note that there are two independent reports into car parking, one commissioned by CCC (DCL) and the other commissioned by Canterbury DHB (QTP) **(Index page 51)**. **Please note** the QTP draft report is yet to be finalised. It is therefore subject to verification and / or change.

We are withholding the CCC (DCL) Report from **Appendix 1 (Index page 2)** as it was released on the Christchurch City Council website last year and is publically available: https://ccc.govt.nz/assets/Documents/The-Council/How-the-Council-works/LGOIMA-responses/DCL-Report-on-Health-Precinct-Car-Parking.pdf .

2. **All correspondence between the CDHB and owner of the Deans Avenue car park Global Edge and owner Alan edge since July 2015 (if this is too long a timeframe, please narrow down to either last 24 months, or last 12 months).**

Please find attached as **Appendix 2** written correspondence between the Canterbury DHB and Global Edge and owner Alan Edge since July 2015.

We have redacted information under the following sections of the Official Information Act.

9(2)(a) *"…to protect the privacy of natural persons, including those deceased."*
9(2)(b)(ii) *"…would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information".*
And information which is out of scope of your request.

Please note that the owner of the Deans Avenue site is Neowell Investments Limited. That owner has granted a lease to Global Edge Properties Limited (Mr Alan Edge). Mr Edge is responsible for the site and the "park" component of the Park and Ride operation, including surface maintenance. Mr Edge takes the revenue from the parking meters. Canterbury DHB is responsible for the "ride" component of the Park and Ride, providing the portacom shelter, shuttles and security guards.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek an investigation and review of our decision from the Ombudsman.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website.

Yours sincerely

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

CDHB 9821 Appendix 1 Index

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*Redactions under the following sections of the Official Information Act:
Section 9(2)(a) i.e. *"….to protect the privacy of natural persons, including those deceased".*
Section 9(2)(b)(ii) *"…would be likely unreasonably to prejudice the commercial position of the person who supplied or*
who is the subject of the information".

From: Mark Solomon [redacted]
Sent: Wednesday, 15 March 2017 9:49 a.m.
To: David Meates
Subject: Fwd: CDHB carparking

Kia ora David. What is the issue here. I'm speaking to Evan this morning

Nga mihi
Mark

Begin forwarded message:

> **From:** Evan Davies <Evan.Davies@Toddproperty.co.nz>
> **Date:** 14 March 2017 at 7:32:32 PM NZDT
> **To:** "Mark Solomon [redacted]
> **Subject: FW: CDHB carparking**
>
> Dear Sir Mark
>
> You may not be aware, as it was prior to your tenure with CDHB, but in December of 2015 the HRPG agreed that the area previously occupied by the "blue carpark" would be utilised for at grade car parking.
>
> As the land has been vacant for some time your executive were asked what progress was being made with the provision of parking. I am advised that David responded that the land was not to be used for parking as the DHB considers it could be better used for other purposes. That position is clearly at odds with the decision made by HRPG. Leaving to one side the communication or otherwise of the change can you please advise the basis of, and process leading to, the Board's decision and the basis for determining that this issue lies outside the Ministers direction as to responsibility?
>
> Regards
> Evan

TODD PROPERTY

Evan Davies
Managing Director
[redacted]
www.toddproperty.co.nz
Level 28 | PWC Tower | 188 Quay Street | PO Box 106 249 | Auckland 1010 | New Zealand

From: Barry Bragg [redacted]
Sent: Thursday, 23 March 2017 8:20 a.m.
To: David Meates
Cc: ta.marksolomon[redacted]
Subject: Fwd: 2017-01-16 Summary of demand and supply.pdf
Attachments: 2017-01-16 Summary of demand and supply.pdf; ATT00001.htm

Kia Ora David,

I received this last night as a result of telling HRPG that CDHB Management were not convinced about the interim ground level parking solution for the blue building site due to traffic management concerns and were requested by me to report the long term parking options to the Board. Michael immediately responded that was not our responsibility and the email below sets the record straight.

Let's discuss at some stage after I've read it. Perhaps the action point is now you reporting to the Board what the MOH are investigating in terms of long term parking solutions.

NGA Mihi,

Barry

Sent from my iPhone

Begin forwarded message:

> **From:** "Michael_Hundleby@moh.govt.nz" <Michael_Hundleby@moh.govt.nz>
> **To:** "Barry Bragg"[redacted]
> **Subject: 2017-01-16 Summary of demand and supply.pdf**
>
> Barry,
>
> As discussed today here is some background around carparking.
>
> On 2 June 2015 the Chair and Deputy Chair of Canterbury DHB were asked to come to Wellington to discuss two issues - the Earthquake Repairs Programme and Ministers' concern about the financial performance of the DHB. Ministers wrote to the Chair of Canterbury DHB on 11 June 2015 to "outline the outcome of that discussion."
>
> This letter states "Projects within the Earthquake Repairs Programme which are critical to the successful completion of the Acute Services Building project will become the responsibility of the HRPG with contracts managed through the Ministry of Health. These projects are the energy centre, the bridge links between the new large car park to the Outpatients Building and then to the Parkside building, the Parkside building refurbishment project, from business case to completion, the proposed car parking projects ".
>
> It is important new board members, who may be unaware of this decision of

Ministers, understand this so as to ensure the DHB does not cut across the responsibilities of HRPG and the Ministry. We are more than happy to keep you in the loop so the following is where we are at.

We recentky met with Development Christchurch Limited who in January this year completed the attached demand/ supply assessment of carparking in the metro sport centre and health precinct areas.

The report uses two demand scenarios for the hospital, the one prepared by Urbis in 2015 which was presented to HRPG, as well as another scenario given to Development Christchurch Limited by Canterbury DHB "primarily based on the results of the staff survey , and other information available on patient and visitors volumes". The Urbis report had peak demand at 1325 whilst Canterbury DHB's scenario has peak demand at 2210. The report says success from the DHB's perspective is to commission a 800 -1000 space carparking building (designed, built, owned, operated by a third party).

In the end the report suggests the MOH/CDHB will explore the development of two 700 bay car parks in conjunction with the private sector. The report says all parties agree with this. This isn't quite right, the Ministry were looped in late, and our comments were in principle a private multi storey solution was needed but the size would need to be determined by better demand analysis. I also briefed Development Christchurch Limited on HRPG and the Ministry's role which they hadn't understood, the likely process (tender for a design, build, own, operate) and likely time frames we will go to market. Development Christchurch Limited's view is the best site for a multi-storey building is the old blue carpark site/ boiler site. This is the site we think looks like the best option too. Obviously this won't be available until a new boiler house is built and the old one demolished which won't be before the end of 2018, with a construction period of around 12 months after that. I have subsequently met with or have arranged meetings with a number of potential providers, some introduced by Development Christchurch Limited. With these providers I explain the roles of HRPG and Ministry, and outline in general terms the process (tender for design, build, own, operate), likely timeframes etc. There appears to be a bit of interest.

Hope this is helpful.

Cheers

Sent from IBM Verse

[redacted]

From: Susan Fitzmaurice on behalf of David Meates
Sent: Thursday, 13 April 2017 4:04 p.m.
To: 'Evan Davies'
Subject: Christchurch Hospital Car Parking
Attachments: 21610.pdf

Please find attached letter from David Meates, CEO Canterbury DHB and West Coast DHB

Regards

Susan Fitzmaurice
EA to David Meates, Chief Executive
Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: susan.fitzmaurice@cdhb.health.nz
P O Box 1600, Christchurch
www.cdhb.health.nz | www.westcoastdhb.org.nz

Canterbury District Health Board
Te Poari Hauora o Waitaha

-West Coast-

Values – Ā Mātou Uara
Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono | Responsibility for outcomes - Te Takohanga i ngā hua

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CHIEF EXECUTIVE'S OFFICE

Tel: (03) 364 4110
E-Mail:chiefexecutive@cdhb.health.nz

13 April 2017

Evan Davies
Chairman
Hospital Redevelopment Partnership Group

Dear Evan

Given the ongoing and increasing pressures on parking around Christchurch Hospital the Canterbury DHB Board have asked me to request that HRPG review the parking demand and supply for the Christchurch Hospital Development.

The Board have noted that there are currently now 10 construction companies operating in and around Christchurch Hospital, Health Precinct and Metro Centre areas and there are already weekly meetings being held between Christchurch Hospital Operational teams and Contractors to manage access issues.

With the closure of the Metro Centre site for parking at Christmas (used for DHB staff and Police staff parking) and the reduction of on street parking, the availability of parking options has now become acute.

Canterbury DHB, Otakaro and the Christchurch City Council have been working closely on a number of short term parking solutions to deal with the increasing challenges to access for Christchurch Hospital.

At present however there does not appear to be any cohesive long-term parking strategy and solution covering Christchurch Hospital, Health Precinct and Metro Centre nor a sense of timelines for delivery.

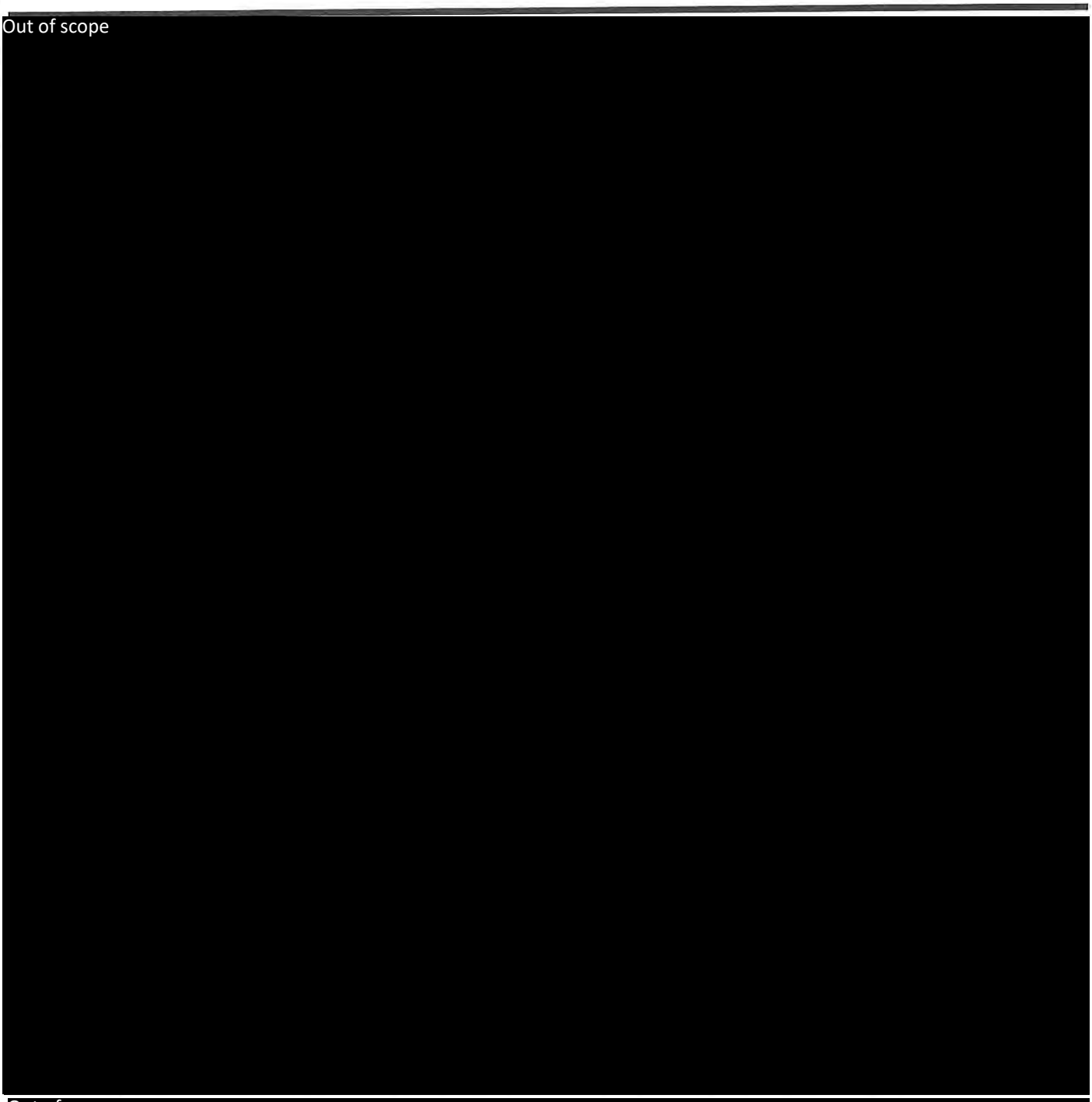
The Board would appreciate receiving the plans being proposed for long term parking at Christchurch Hospital and the Health Precinct.

Yours sincerely

David Meates, MNZM
Chief Executive

CEO 21610

Out of scope



Out of scope

Out of scope

Out of scope


Out of scope


Out of scope

To: "'Michael_Hundleby@moh.govt.nz'" <Michael_Hundleby@moh.govt.nz>
Cc: "Aaron Keown" [redacted] "Andrew Dickerson " [redacted] "Anni
<anna.crighton [redacted] "Barry Bragg " [redacted] "Chris Mene" <[redacted]
Morrell" [redacted] "Jo Kane" [redacted] "Mark Solomon" [redacted]
"Sally Buck" [redacted] "Tracey Chambers" [redacted]
Date: Thu, 6/04/2017 1:47 PM
Subject: Response from Sir Mark Solomon - CDHB Board Approval Process

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Michael,

Ta Mark has asked me to forward to you this response to your e-mail to him on 4 April 2017.

> Kia Ora Michael,
>
> Thank you for your email.
>
> Just to be very clear, the Chief Executive was requested by the Board to request that formal papers are provided by MOH to the Canterbury DHB formally requesting funding from CDHB to support recommendations that have been approved by HRPG. These papers are required for the Board to either formally approve funds to be released and/or if additional funds are requested that these can be reviewed by the Board in the context of other priorities included as part of the Programme of Works. As outlined in the CEO's email to you, those papers will be provided to Anna Craw, Board Secretary, by you and then management will ensure that they go through the appropriate approval processes of the Board.
>
> On this basis I expect the following papers to be provided by you along with the formal request for funds:
>
> - Tunnels
> - Energy Centre
> - ED Carpark / Front Entrance Interface
>
> Your email refers to the prioritisation. I would like to assure you that the prioritisation process being worked on by management is being done at the direction of the Board. Any prioritisation cannot occur without the DHB being directly involved in all decisions. For the avoidance of doubt, the Board is very aware of its obligations to both Shareholding Ministers and the public of Canterbury. As outlined to the Director General, the Board is seeking advice as to the role of the HRPG in undertaking a re-prioritisation exercise of Canterbury DHB's capital programme, including capital re-cycling, Board liability for unrepaired earthquake damage, impacts on insurance and impacts on service delivery. These decisions have a material impact on the accountabilities of the Board and the ability of the Board to deliver on its core accountabilities including clinical and fiscal sustainability.
>
> Michael I note your comments "that concerns have been raised about the accuracy of some material produced by the DHB on HRPG matters". All of the material that I have asked for and reviewed continues to re-enforce the quality, reliability and accuracy of the information to date that has been provided by the DHB.

The Board has complete confidence in its CEO, Executive and Clinical Teams.

I would also like to let you know that correspondence from you to appointed Board members will be treated as though it is correspondence to the full Board. It is important to re-emphasis to you that it is the full Board that make decisions on behalf of the Board and it therefore also important that we operate in an open and transparent manner.

The Board will look forward to the receiving the formal requests for funding.

Nga mihi
Ta Mark Solomon
Acting Chair
Canterbury District Health Board

From: Michael_Hundleby@moh.govt.nz
Date: 4 April 2017 at 7:08:11 PM NZST
To: "Mark Solomon" [redacted]
Cc: "Barry Bragg" [redacted]
tracey.chambers [redacted]
Subject: Re: CDHB Board Approval Process

Hello,

There is a typo here - the letter referred to as 24 December 2014 is in fact 24 December 2015. Sorry about that.

Regards,

Sent from IBM Verse

Michael Hundleby --- Fw: CDHB Board Approval Process ---

From: "Michael Hundleby" <Michael_Hundleby@moh.govt.nz>
To: "Mark Solomon" [redacted]
Cc: "Barry Bragg" [redacted] tracey.chambers [redacted]
Date: Tue, 4/04/2017 3:52 PM
Subject:Fw: CDHB Board Approval Process

Dear Ta Mark,

I refer to the below email from your Chief Executive.

The Ministry of Health is obviously not accountable to your Board so it is not appropriate for the Ministry to prepare Board papers for your Board.

We are of course happy to assist your management to prepare papers. You have all HRPG papers so we imagine your management will have all the relevant material they need to put together papers for your Board at the relevant time, but if your management would like further specific information I am sure we can assist.

We are also happy to review papers for accuracy. As you know concerns have been raised about the accuracy of some material produced by the DHB on HRPG matters, so review could avoid such concerns in the future.

The letter enclosed was dated August 2015.

New board members are probably not aware of previous decisions by Ministers in relation to the programme of works so I will provide a brief outline.

On 11 June 2015 the Minister of Health wrote to the Chair of Canterbury DHB stating :

"In June 2014 Cabinet agreed the Hospital Redevelopment Partnership Group (HRPG) would have oversight over the Canterbury Earthquake Repairs programme. The DHB has not yet provided HRPG with sufficient information for it to undertake this role. Ministers expectation is that Canterbury DHB will provide this information to the HRPG. Officials from the Ministry and Treasury will provide direction on the detail required. As part of this oversight role, Ministers' expectation is that HRPG will approve the Programme of Works and pre-approve any changes to the Programme of Works before submission to the Canterbury DHB board. "

On 24 December 2014, the Minister of Health in a letter to the Chair of Canterbury DHB stated "Officials have informed us of pressures on the POW and our expectation is that critical investments, particularly those necessary to enable the operation of the new Acute Services Building, will be prioritised and progressed without further recourse to the Crown for additional funding or request for approval for private debt arrangements."

And on 22 December 2016 the Minister of Health in a letter to the Chair of Canterbury DHB stated "Regarding PwC's recommendations to review your future facilities plan, I have written to the Chair of the Hospital Redevelopment Partnership Group (HRPG)

asking them to assess the feasibility of current projects, including phasing and affordability within your programme of works. I believe this review sits logically with the oversight role that HRPG have with the programme of works. Specifically, in my letter 15 June 2015 I outlined Ministers' expectations that HRPG will approve the programme of works and pre-approve any changes to the programme of works before submission to the Canterbury DHB Board."

Obviously the energy centre and the ED car park are necessary to allow the operation of the ASB and have been identified by HRPG as the highest priority.

As the above refers to the HRPG's prioritisation role, it is probably also worthwhile, for the avoidance of doubt, to be clear the prioritisation framework being worked on by DHB management has no status with HRPG. From the information provided, it seems to focus on prioritisation on seismic grounds, so in any event will have limited applicability to the prioritisation task HRPG will need to carry out.

I trust this is helpful.

Regards,

Michael

Sent from IBM Verse

David Meates --- CDHB Board Approval Process ---

From: "David Meates" <David.Meates@cdhb.health.nz>
To: Michael_Hundleby@moh.govt.nz
Cc: ta.marksolomon[redacted] "Barry Bragg" [redacted]
Date: Wed, 29/03/2017 8:27 AM
Subject:CDHB Board Approval Process

Dear Michael

Following last week's HRPG meeting I can confirm that the CDHB Board will require papers to be submitted by the MOH to the Board formally requesting funding from CDHB to support the recommendations that have been approved by HRPG.

The following papers will be required:

- Tunnels - Rationale, Budget (including contingencies)

- Energy Centre – Rationale, Budget (including contingencies
- ED Carpark / Front Entrance Interface – Rationale, Budget (including contingencies)

These papers are required for the Board to either formally approve funds to be released and / or if additional funds are requested that these can be reviewed by the Board in the context of the other priorities included as part of the Programme of Works.

I can confirm that the Board have made provision within the Programme of Works for the following based on the HRPG process:

- Tunnels - [redacted]
- Energy Centre - [redacted]
- ED Carpark / Front Entrance Interface - [redacted]

If you could forward these papers through to Anna Craw, I will ensure that these go through the appropriate approval processes of the Board.

I have also attached a copy of a letter from the Chair CDHB to Evan Davies re the Programme of Works FYI

Regards

David Meates, MNZM
Chief Executive, Canterbury District Health Board and West Coast District Health Board
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MINISTRY OF HEALTH
MANATŪ HAUORA

133 Molesworth Street
PO Box 5013
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T+64 4 496 2000

24 April 2017

Sir Mark Solomon
Acting Chairman Canterbury DHB
P O Box 1600
Christchurch 8140

Ta.marksolomon[redacted]

Dear Mark

I have received a letter from your Chief Executive dated 13 April 2017 regarding parking.

The Hospital Redevelopment Partnership Group (HRPG) was given responsibility for long term carparking associated with the Acute Services Building by Ministers. This followed an unsuccessful tender for carparking conducted by Canterbury DHB.

HRPG has responsibility for these issues and the DHB is represented on that group. That is the correct forum for discussion of these issues and DHB representatives can report back internally as they see fit.

As you are not aware of the background I have asked the Ministry to provide you some of this.

Yours sincerely

Evan Davies
Chair HRPG

From: Mark Solomon [redacted]
Sent: Thursday, 27 April 2017 1:06 p.m.
To: David Meates
Subject: Fwd: Letter to Sir Mark Solomon re Parking
Attachments: Letter to Sir Mark Solomon re parking.pdf; ATT00001.htm

Nga mihi
Mark

Begin forwarded message:

From: Chris_Picard@moh.govt.nz
Date: 27 April 2017 at 11:35:08 AM NZST
To: Mark Solomon [redacted]
Subject: Letter to Sir Mark Solomon re Parking

Good morning Sir Mark

Please see the attached letter from Evan Davies, Chair HRPG.

Regards

Chris

Chris Picard
Senior Advisor
Board and Projects
Critical Projects
Ministry of Health
DDI: (04) 8163971
Mobile: 021 404 268

http://www.moh.govt.nz
mailto:Chris_Picard@moh.govt.nz

MINISTRY OF HEALTH
MANATŪ HAUORA

133 Molesworth Street
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Wellington 6140
New Zealand
T+64 4 496 2000

24 April 2017

Sir Mark Solomon
Acting Chairman Canterbury DHB
P O Box 1600
Christchurch 8140

[redacted]

Dear Mark

I have received a letter from your Chief Executive dated 13 April 2017 regarding parking.

The Hospital Redevelopment Partnership Group (HRPG) was given responsibility for long term carparking associated with the Acute Services Building by Ministers. This followed an unsuccessful tender for carparking conducted by Canterbury DHB.

HRPG has responsibility for these issues and the DHB is represented on that group. That is the correct forum for discussion of these issues and DHB representatives can report back internally as they see fit.

As you are not aware of the background I have asked the Ministry to provide you some of this.

Yours sincerely

Evan Davies
Chair HRPG

[redacted]

From: Kay Jenkins
Sent: Wednesday, 3 May 2017 5:46 p.m.
To: 'Michael_Hundleby@moh.govt.nz'
Cc: 'evan.davies[redacted]'Barry Bragg '; 'Mark Solomon'; David Meates
Subject: FW: Car Parking

Good afternoon Michael

Ta Mark has asked me to send you the following e-mail from David Meates in response to the email to Ta Mark and Barry regarding car parking

Kay Jenkins
Executive Assistant Governance
Canterbury & West Coast District Health Boards
[redacted]

On 2/05/2017, at 8:44 PM, David Meates <David.Meates@cdhb.health.nz> wrote:

Kia Ora Mark and Barry

It is disappointing that another paper has been produced by the MOH re car parking for HRPG without any DHB input.

As updated with the Board I have detailed below the outcomes agreed with Karleen Edwards (CCC) and Albert Brantley (Otakaro) regarding parking and access issues in and around Christchurch Hospital, Health Precinct and Metro Center.

All three parties have agreed that there will be a joined up approach and consistent messaging regarding parking options. It is recognized that this part of the city is going to remain challenging with 10 construction projects happening across many sites in parallel and the additional pressures that this is creating in terms of access and additional traffic volume including contractors and increased numbers of students and teachers with ARA / CDHB HREF being completed March / May 2018. These include:

- HREF
- Outpatients
- Private Research Center
- ASB followed by the next stages of the ChCh Hospital developments
- Metro Sports Center
- Tunnels
- Energy Centre
- Bus Super Stop

The current St Asaph St site (old Blue Car Park site / 41 St Asaph St site) - demolition for both facilities was completed December 2016 with asbestos cleanup on site occurring through until end January 2017. Part of this site is to be used as a set down site for the Tunnel contractor. In addition construction of the energy center is due to commence in the latter part of this year and the site sits within an increasingly congested construction locality, that is going to get busier. Access in and around the site has and continues to be challenging. The site is also the only available area to deal with decanting options.

In addition, a part of the afternoon carpark will be reduced in June 2017 as part of the Metro Center development. This requires another set of parking challenges to be resolved.

The options for long term parking options were discussed in detail along with the need to develop a connected "parking charge" strategy that ensured alignment between Metro Centre / Health Precinct / ChCh Hospital. The three organizations have agreed to work closely on ensuring that this occurs.

The following short term parking strategies are in process with full engagement of CCC / Otakaro and Unions / Staff on the basis of continuing the use of the current Public Car Park'n'ride and creating a number of staff parking options that would be in place until a permanent parking solution was delivered by HRPG – which at the very earliest would be 2019:

Creating a Staff Park & Ride – Deans Avenue

- Red Bus pricing due on Wednesday this week
- Red Bus have agreed a 12 week trial/pilot as soon as we have pricing and agreed start date -
- Awaiting legal confirmation that Licence Agreement between CDHB and Global Edge Properties enables CDHB/Red Bus to use the facility
- Operational Hours – 0630 to 0900 and 1500 to 1730

Staff Car Parking KEB/67 Cashel St

- Fully Operational from 1 May 2017 – 98 car parks

Staff Car Parking 94 Tuam St

- 140 Spaces – will be utilised for Mon to Fri staff displaced from Staff Car Park to enable Afternoon Staff (those displaced with the reduced Afternoon parking on Metro centre end June 2017)to use building. CDHB Commencement date – 1 July 2017

Staff Car Parking 10-12 Acton St

- 35 Spaces. CDHB Commencement date – 1 August 2017

Conversations between CCC and Red Bus and CDHB have identified 2 additional locations
These options are being reviewed by the CDHB Car Park Committee to consider and for feedback; committee members are Union Reps and Organisers. The two options are:

- Court Theatre, Bernard St, Addington (CCC) - > 200 spaces
- Red Bus Terminal, Corner Moorhouse & Fitzgerald (Red Bus) - >200 spaces

The Deans Avenue Park'n'ride has an agreement in place until August 2017. CDHB and CCC have met with Alan Edge who has advised that Global Edge are taking up their right of renewal on the lease from Aug 2017. The challenge with this site includes:

- No lighting in the car park area – and staff will be parking in the dark at 0615;
- Surface is very rough and poor visibility from other road users
- CDHB getting a quote for generator lighting – but security of equipment will be a concern

Two other potential Park'n'ride options that have been discussed with CCC and Otakaro should the Deans avenue not work out include:

- CCC – to understand and advise on what would be required to convert the old Women's site to a Park'n'ride ie consents etc. Joint CDHB / CCC
- If the above two options are not viable Otakaro have identified a possible third option re land while not ideal could be workable.

All of the Park'n'ride options are being looked at with a 2-4 year time horizon in mind to provide uninterrupted access to parking without the ongoing and continuous moving that has been a feature of the Christchurch landscape.

In addition a new staff shuttle service started last week following input and agreement from Unions. The staff shuttle service takes night staff from the hospital to the staff car parking sites. This is using one of our existing

Park'n'ride shuttle vans from 9pm at night until 1am in the morning. It leaves from Christchurch Hospital front entrance every 15 minutes and is driven by a security guard.

Long term parking options around the ChCh Hospital Campus and Health Precinct include:

- Possible development of the current Blue Car Park site – issues re this site include limited decanting options for the next stage of the Chch Hospital developments which may require services to be located on that site. Question re future laboratory development to deal with the extensive facility issues with the current lab which the Facility Committee have been through and now understand why this facility is an issue.
- [redacted]
- Use of Metro Center Otakaro land swap with CDHB – potential for a 700 plus car park option that connects Health Precinct and ChCh Hospital

Nga mihi

David Meates, MNZM
Chief Executive, Canterbury District Health Board and West Coast District Health Board
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From: Michael_Hundleby@moh.govt.nz [mailto:Michael_Hundleby@moh.govt.nz]
Sent: Monday, 1 May 2017 11:43 PM
To: Mark Solomon [redacted]
Cc: Evan Davies [redacted] Barry Bragg [redacted]
Subject: Car Parking

Hello,

Evan Davies has asked us to provide some background on HRPG carparking responsibilities in his letter to you 27 April 2017.

Originally the responsibility for longer term parking associated with the ASB was with the DHB. The DHB undertook a tender for a carparking building in front of the ASB as well as a building to replace the the old "blue" multi-storey carpark.

As this tender was unsuccessful, the responsibility for this was transferred to HRPG in 2015. Deloitte were engaged to carry out a review, which due to uncertainty around demand and supply of carparking, recommended the time was not right for construction of a carparking building, but that when the blue carpark was demolished it should be used for on grade parking and thereafter six monthly reviews of parking take place. (The Deloitte review took account of a professional parking study by Urbis.)

Canterbury DHB has decided not to use the on grade carparks on the old blue carpark site. We have not yet seen an adequate explanation for this.

The first updated parking review has been included with this month's HRPG papers. It recommendations include the immediate use of on grade carparks on the old blue carpark site, better use of the park and ride site on the old saleyard site (which has under 20% occupancy), and investigating whether parts of the Metro Sports Centre site and energy centre site not being used for construction be used for temporary relief.

HRPG has indicated at some point when demand and supply is settled, a carparking building is likely to be needed. The best site is likely to be old blue carpark site as well as the site currently occupied by the boiler house which will provide around 700 spaces. This site will not become available until after the new boiler house is constructed allowing demolition of the old boiler house which is likely to be 2019. A tender will be conducted for a private provider to build , own and operate the facility.

We have met with a number of potential providers and outlined the thinking above. All agree the site is the most logical being very close to the new Outpatients and Christchurch Hospital. We have listened to concerns they raised about the tender process conducted by Canterbury DHB so we can address these concerns as best we can when we go out to tender.

We have met with Otakaro and Development Christchurch. We have raised our concern if parking provided for the Metro Sports Centre is not priced at a market level for longer term stays, it may attract hospital users. If so, this may undermine any future tender process. There seems to be an understanding of the need for market prices for longer term parking.

We have also discussed whether the removal of parking from Oxford Terrace can be delayed but understand there are contractual difficulties with this.

I hope this background is helpful.

Cheers

Sent from IBM Verse

[redacted]

From: Mark Solomon [redacted]
Sent: Thursday, 4 May 2017 3:13 p.m.
To: David Meates
Subject: Fwd: Car Parking

FYI

Nga mihi
Mark

Begin forwarded message:

From: Michael_Hundleby@moh.govt.nz
Date: 4 May 2017 at 7:44:46 AM NZST
To: "Mark Solomon" [redacted], barry [redacted]
Cc: "Evan Davies" [redacted]
Subject: Fw: Car Parking

Hello,

Thank you for forwarding a copy of your chief executive's email.

Your chief executive wrote to Evan Davies on 13 April 2017 requesting HRPG review parking demand and supply. This review was in fact already underway. This independent review was completed 27 April 2017 and included in the papers for tomorrow's HRPG meeting. In this context it is hard to understand your chief executive's comments about his disappointment.

It is good to hear a range of options are being looked at for short term options. In relation to the site of the old blue carpark, the project team have advised the DHB the space needed for the repair of the tunnel is minimal and would only have a minor impact on numbers of carpark spaces available.

Turning to the long term options, on 27 April 2017 the Chair of HRPG wrote to you pointing out responsibility for long term parking associated with the Acute Services Building was given to HRPG by Ministers, and therefore HRPG meetings were the appropriate forum to discuss this.

Regards,

Sent from IBM Verse

Kay Jenkins --- FW: Car Parking ---

From: "Kay Jenkins" <Kay.Jenkins@cdhb.health.nz>
To: "'Michael_Hundleby@moh.govt.nz'" <Michael_Hundleby@moh.govt.nz>
Cc: evan.davies [redacted] "Barry Bragg " [redacted] "Mark Solomon" [redacted] "David Meates" <David.Meates@cdhb.health.nz>
Date: Wed, 3/05/2017 5:46 PM
Subject: FW: Car Parking

Good afternoon Michael

Ta Mark has asked me to send you the following e-mail from David Meates in response to the email to Ta Mark and Barry regarding car parking

Kay Jenkins
Executive Assistant Governance
Canterbury & West Coast District Health Boards
[redacted]

On 2/05/2017, at 8:44 PM, David Meates <David.Meates@cdhb.health.nz> wrote:

Kia Ora Mark and Barry

It is disappointing that another paper has been produced by the MOH re car parking for HRPG without any DHB input.

As updated with the Board I have detailed below the outcomes agreed with Karleen Edwards (CCC) and Albert Brantley (Otakaro) regarding parking and access issues in and around Christchurch Hospital, Health Precinct and Metro Center.

All three parties have agreed that there will be a joined up approach and consistent messaging regarding parking options. It is recognized that this part of the city is going to remain challenging with 10 construction projects happening across many sites in parallel and the additional pressures that this is creating in terms of access and additional traffic volume including contractors and increased numbers of students and teachers with ARA / CDHB HREF being completed March / May 2018. These include:

- HREF
- Outpatients
- Private Research Center
- ASB followed by the next stages of the ChCh Hospital developments
- Metro Sports Center
- Tunnels
- Energy Centre
- Bus Super Stop

The current St Asaph St site (old Blue Car Park site / 41 St Asaph St site) - demolition for both facilities was completed December 2016 with asbestos cleanup on site occurring through until end January 2017. Part of this site is to be used as a set down site for the Tunnel contractor. In addition construction of the energy center is due to commence in the latter part of this year and the site sits within an increasingly congested construction locality, that is going to get busier. Access in and around the site has and continues to be challenging. The site is also the only available area to deal with decanting options.

In addition, a part of the afternoon carpark will be reduced in June 2017 as part of the Metro Center development. This requires another set of parking challenges to be resolved.

The options for long term parking options were discussed in detail along with the need to develop a connected "parking charge" strategy that ensured alignment between Metro Centre / Health Precinct / ChCh Hospital. The three organizations have agreed to work closely on ensuring that this occurs.

The following short term parking strategies are in process with full engagement of CCC / Otakaro and Unions / Staff on the basis of continuing the use of the current Public Car Park'n'ride and creating a number of staff parking options that would be in place until a permanent parking solution was delivered by HRPG – which at the very earliest would be 2019:

Creating a Staff Park & Ride – Deans Avenue

- Red Bus pricing due on Wednesday this week
- Red Bus have agreed a 12 week trial/pilot as soon as we have pricing and agreed start date -
- Awaiting legal confirmation that Licence Agreement between CDHB and Global Edge Properties enables CDHB/Red Bus to use the facility
- Operational Hours – 0630 to 0900 and 1500 to 1730

Staff Car Parking KEB/67 Cashel St

- Fully Operational from 1 May 2017 – 98 car parks

Staff Car Parking 94 Tuam St

- 140 Spaces – will be utilised for Mon to Fri staff displaced from Staff Car Park to enable Afternoon Staff (those displaced with the reduced Afternoon parking on Metro centre end June 2017)to use building. CDHB Commencement date – 1 July 2017

Staff Car Parking 10-12 Acton St

- 35 Spaces. CDHB Commencement date – 1 August 2017

Conversations between CCC and Red Bus and CDHB have identified 2 additional locations
These options are being reviewed by the CDHB Car Park Committee to consider and for feedback; committee members are Union Reps and Organisers. The two options are:

- Court Theatre, Bernard St, Addington (CCC) - > 200 spaces
- Red Bus Terminal, Corner Moorhouse & Fitzgerald (Red Bus) - >200 spaces

The Deans Avenue Park'n'ride has an agreement in place until August 2017. CDHB and CCC have met with Alan Edge who has advised that Global Edge are taking up their right of renewal on the lease from Aug 2017. The challenge with this site includes:

- No lighting in the car park area – and staff will be parking in the dark at 0615;
- Surface is very rough and poor visibility from other road users
- CDHB getting a quote for generator lighting – but security of equipment will be a concern

Two other potential Park'n'ride options that have been discussed with CCC and Otakaro should the Deans avenue not work out include:

- CCC – to understand and advise on what would be required to convert the old Women's site to a Park'n'ride ie consents etc. Joint CDHB / CCC
- If the above two options are not viable Otakaro have identified a possible third option re land while not ideal could be workable.

All of the Park'n'ride options are being looked at with a 2-4 year time horizon in mind to provide uninterrupted access to parking without the ongoing and continuous moving that has been a feature of the Christchurch landscape.

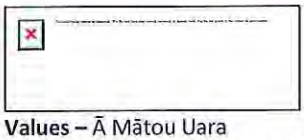
In addition a new staff shuttle service started last week following input and agreement from Unions. The staff shuttle service takes night staff from the hospital to the staff car parking sites. This is using one of our existing Park'n'ride shuttle vans from 9pm at night until 1am in the morning. It leaves from Christchurch Hospital front entrance every 15 minutes and is driven by a security guard.

Long term parking options around the ChCh Hospital Campus and Health Precinct include:

- Possible development of the current Blue Car Park site – issues re this site include limited decanting options for the next stage of the Chch Hospital developments which may require services to be located on that site. Question re future laboratory development to deal with the extensive facility issues with the current lab which the Facility Committee have been through and now understand why this facility is an issue.
- [redacted]
- Use of Metro Center Otakaro land swap with CDHB – potential for a 700 plus car park option that connects Health Precinct and ChCh Hospital

Nga mihi

David Meates, MNZM
Chief Executive, Canterbury District Health Board and West Coast District Health Board
T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz
P O Box 1600, Christchurch 8140
www.cdhb.health.nz | www.westcoastdhb.org.nz



Values – Ā Mātou Uara
Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono | Responsibility for outcomes - Te Takohanga i ngā hua

From: Michael_Hundleby@moh.govt.nz [mailto:Michael_Hundleby@moh.govt.nz]
Sent: Monday, 1 May 2017 11:43 PM
To: Mark Solomon [redacted]
Cc: Evan Davies [redacted] Barry Bragg [redacted]
Subject: Car Parking

Hello,

Evan Davies has asked us to provide some background on HRPG carparking responsibilities in his letter to you 27 April 2017.

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I hope this background is helpful.

Cheers

Sent from IBM Verse

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**
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This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

[redacted]

From: David Meates
Sent: Wednesday, 6 September 2017 7:16 p.m.
To: evan.davies[redacted] 'MWilsher@adhb.govt.nz'; 'Tony Lanigan'; 'Lionel Wood'
Cc: 'Barry Bragg'; Michael_Hundleby@moh.govt.nz; [redacted] Mary Gordon
Subject: CDHB Draft Parking (Transport) Strategy
Attachments: CDHB Long Term Parking Strategy (Final Workshop Draft v3).pdf

As discussed last Thursday, please find attached a copy of the QTP long term parking strategy document.

One of the key challenges facing us is the lack of a joined up parking strategy that covers the Metro Center, Health Precinct and Christchurch Hospital.

This report is also being shared with Otakaro / DPMC (who are responsible for the Metro Center Development), the HREF governance group (ARA, University of Otago, University of Canterbury, Regenerate Christchurch – the HREF facility in the health precinct is due for completion in June 2018 including an additional 1300 nursing students) and Otago University (who are planning a $200m development within the health precinct to be completed by 2021) – all parties need to be involved in an agreed parking strategy for what is going to be one of the busiest areas in the city of Christchurch.

While options for parking are emerging including private developers, the DHB via its facilities Board sub-committee have been clear that the current "blue car park site" is not the right location for a parking building.

It was also agreed at last Thursday's HRPG meeting, that a further 6 monthly update report on parking would not be useful and would now not occur. CDHB were in agreement with that.

Regards

David Meates, MNZM
Chief Executive, Canterbury District Health Board and West Coast District Health Board
T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz
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make it better

Values – Ā Mātou Uara
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Quality Transport Planning

Long term Hospital Parking Strategy

Final Workshop Draft

This report is intended for internal CDHB consideration and approval.

Once finalised it is intended that the report
will serve as the basis for further consultation with
Council, Environment Canterbury and other key stakeholders.

July 2017

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Document Issue Record

Version No	Prepared By	Description	Date
01	[redacted]	Draft issue for Client Review.	26/07/17
02	[redacted]	Minor typographical corrections	31/07/17
03	[redacted]	Final issue	06/09/17

Document Verification

Role	Name	Signature	Date
Preparation	[redacted]	[redacted]	26/07/17
Reviewer	[redacted]		
Approval	[redacted]	[redacted]	06/09/17

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Contents

Appendices:

1 Executive Summary

1.1 A Hospital stay or visit is often likely to be a time of great stress for patients and their families alike and transport options can play an important role in mitigating (or potentially exacerbating) this stress. Similarly, for health-care staff, transport to and from work has the potential to add to, or reduce, the inherent stress of their daily work.

1.2 Desirable outcomes in terms of Hospital access for patients, visitors and staff have not been achieved in the recent past. While a number of studies have been progressed by the Canterbury District Health Board (**CDHB**) and others, including by the Ministry of Health (**MoH**), Development Christchurch Ltd (**DCL**) and the Christchurch City Council (**CCC**), there remains considerable uncertainty, particularly in the longer-term, regarding a firm plan for improvements that will meet projected needs.

1.3 CDHB requested QTP to assist them to "develop a Long-term Hospital Parking Strategy", in order to assist their consultation with the above agencies and work together to achieve desired outcomes for Hospital access. It is not intended that short-term needs are the focus of this report.

1.4 One of the issues contributing to the current uncertainty, is that a clearly-expressed 'strategic framework' for Parking (or indeed for wider Transport matters) that is *specifically focussed* on the needs of the future Hospital campus itself does not exist – let alone one that is, desirably, shared by both the CDHB and other agencies.

1.5 This report therefore sets out such a framework. It proposes a *draft* Vision and Goals for Board consideration – what a Long-term Hospital *Transport* Plan should seek to deliver.. The Vision is that "**Christchurch Hospital will be viewed as accessible by patients, visitors and staff and the transport needs of each of these groups are met by a range of safe and attractive transport choices**". We have also sought to identify the key principles, responsibilities, targets, priorities (for car parking) and recommended actions, in order to provide guidance to decision-makers.

1.6 The Hospital operates 24 hours per day, 7 days per week. Many health care workers are shift workers and are required to start work early in the morning or leave work late at night. Alternative transport modes to the car may not always provide an adequate level of accessibility for all employees, or indeed, for patients and visitors. From a user perspective, sufficient car parking for patients and visitors in particular would ideally be met on-site (and at minimal cost). However, it has to be recognised that space constraints (and fiscal responsibility) preclude such 'ideal' provision. Rationing of space, as well as fiscal responsibility, requires that car parking access should be affordable and fair – but not necessarily free.

1.7 The proposed strategic framework is based upon an updated review of Hospital transport needs (expanded upon within this report). This has identified that car access is and will continue to be the preferred mode of access for most staff, patients and visitors. Indeed, the review suggests that the existing and future demands for car parking made previously may have been (significantly) under-estimated.

1.8 Given this conclusion, and that the Campus spans over a distance of nearly 500 metres (a 7-8 minute walk for elderly pedestrians), it is in our view unfortunate that adequate (accessible) car parking provision, particularly to support crucial staff and visitor needs does not appear to have been implemented *as a critical and integral element of the current building programme*[1].

1.9 There has been some expectation that there may be some 'spare' parking capacity at the 550 space car park that will be provided at the Metro Sports Facility (**MSF**) by 2020 and that this could assist in serving the needs of the Hospital. However, recent discussions with the operator have confirmed that MSF car park management will be focussed on serving the needs of bona-fide visitors and there can be no expectation of any dedicated capacity for Hospital users - at least at the times when it is most required.

1.10 Given our revised (increased) estimates for both existing and future parking demand at the Hospital and surrounding Health Campus (including HREF), it is most unlikely that *all* estimated parking needs of all visitors *and* staff could be met in the *immediate* area, and thus some continued reliance is to be expected on more remote on and off-street parking sites. It is also essential to acknowledge that the estimates are only based on *known* developments - and the 'unknowns' may lead to additional further parking demands in the area that may not be fully-accommodated on those sites.

1.11 Allied to what is a significant reduction in parking supply originally recommended on the Main Site, the likelihood of future reductions in on-street parking availability and the absence of spare capacity at the MSF, it is even now more critical, in our view, that adequate alternative parking supply be secured on available land as soon as possible, and that appropriate steps are taken to manage associated risks by safeguarding options in the meantime.

Recommendations for Parking Provision

1.12 In line with the anticipated *minimum* Hospital and wider (known) Health Precinct off-street requirements and the October 2016 study completed by QTP on behalf of CCC (which was focussed only on the capacity of the surrounding network to accommodate additional parking facilities), the CDHB and partner agencies should work together to urgently investigate the viability of both a **700 space building within close proximity to the Main Hospital site (within 5-7min walk from the hospital centre) and a further 700 space building to the east of the Staff parking building** (the latter with access to both St Asaph and Tuam Streets).

---

[1] Advice provided to the HRPG in late 2012 in support of the ASB development (and to which QTP then contributed) was to seek provision of 700 car parking spaces on the Main Site (100 of which were considered necessary to accommodate critical staff and service needs, the remainder for visitors)[1] and a further 700 spaces to the east (on or close by the St Asaph campus), to serve both visitors in that vicinity and staff. We understand that a much smaller provision for the Main Site facility was subsequently pursued as a separate procurement exercise and proved not to be a (financially) viable proposition.

1.13 Pending the outcome of these investigations and discussions, we recommend the CDHB should 'reserve' a more-viable area for a potential replacement 'Blue' Parking Building (if this ultimately is a preferred site), as our understanding of the currently-planned space would be a relatively inefficient and therefore potentially increase costs per space.

1.14 The more-detailed financial investigations should, for the facilities in the above locations, consider alternatives that allow for potential 're-purposing' at some future date. This may be prudent in the light of potential technology change (e.g. personalised self-driving taxis) in the medium-long term. Such changes, whilst uncertain, do have some potential to reduce or even eliminate the need for much static 'near-site' parking. Whilst higher capital costs may be initially anticipated (as a flat-slab structure and increased floor-floor height is required), we suggest that such flexibility may reduce overall life-cycle cost risk.

1.15 Further, in terms of minimising risk, we recommend that the CDHB continue to hold the former Christchurch Women's Hospital site for potential use as a Park and Ride facility, until such time as the availability of adequate alternative (and more attractive) parking provision close to the Campus is certain – or the need for some 'next-best' alternative becomes clear. This site has the capacity to accommodate around 650 cars and, whilst in some respects is less well-located than the temporary Deans Avenue site, it does have the advantage of CDHB ownership and thus (current) long-term security without lease cost.

Recommendations for Demand Management

1.16 Notwithstanding the above (key) recommendations on Car Parking provision, there will be significant potential benefits if the CDHB supports greater efforts to encourage a reduction in single-occupancy car use, particularly by staff. This can be achieved through measures which may include:

- Adoption of more-flexible employment practices for 'regular hours' staff, as this could help reduce the afternoon peak parking demands, which occur during the necessary shift-staff handover.
- Flexibility of visitor times to reduce peak parking demands ahead of the start of the (currently-advertised 'official') afternoon visiting times (from 3pm), as this is also partly coincident with peak staff-parking demand at morning and afternoon shift-handover (2:15-3:15pm), with respect to use of available public parking spaces;
- Incentivise staff to reduce single-occupant car driver trips through:
    - Car-Pooling (e.g. pool organisation, preferential space allocation and reduced fees);
    - Bus use (e.g. subsidy for Metrocard use)
    - Cycle-use (e.g. ensure attractive parking and end-of-trip facilities, the latter including adequate shower capacity, lockers and drying facilities)

2 Introduction

2.1 QTP have been requested to assist the CDHB "develop a Long-term Hospital Parking Strategy". This document represents a draft of such a document for their consideration.

2.2 In order to identify the elements of such a Strategy, we have reviewed a range of previous (publicly-available) studies that have considered such matters, either specifically or as part of wider transport strategy/plan development.

2.3 This document seeks to set a Strategic framework for future Hospital Transport that includes:

- A Vision, Goals and Principles for Hospital Transport
- The broad elements of a Transport (including Parking) Strategy that will assist in achieving these outcomes

2.4 In order to provide the basis for this framework, following sections of the document provide in turn:

- A Preamble of important matters that includes (our) suggestion for the appropriate elements to include in a final Strategy. Our belief is that a lack of a Vision and goals in particular, and indeed (apparently) agreement on responsibility for satisfying such, arguably has and could continue to lead to sub-optimal transport outcomes for both Hospital visitors and staff, and potentially fail to meet the needs of either or both groups
- A precis of existing (publicly-available) evaluations conducted, including recent reviews by CCC, MoH and DCL
- Revised estimates of *existing* parking supply and demand, using updated data provided by CDHB
- Consideration of alternative scenarios for future ('long-term') changes in demand;
- Identification and broad evaluation of options for addressing these scenarios through potential alternative Plans.

3 Strategy Outline

3.1 Strategic Framework

3.1.1 In being asked to develop a "Long-term Parking Strategy" for the Hospital, QTP have reviewed a number of previous studies that have considered such matters, either specifically or as part of wider transport strategy/plan development.

3.1.2 What is apparent from these documents is that, while a number attempt to provide a 'plan', none appear to have clearly set out a 'strategic framework' for Parking (and indeed wider Transport matters) that is *specifically focussed* on the needs of the future Hospital campus itself, or indeed the South West area of the Central City including the wider Health and Metrosport precincts.

3.1.3 A clear strategic framework - by which we mean a Vision and goals (these being the outcomes which a Strategy seeks to deliver and may be measured against) - provides the ability to consider potential options for a Plan against desired Goals and thus finalise such a Plan for their delivery[2].

3.1.4 Given the apparent lack of one, in this chapter we have set out a preliminary view of (our) suggestions for such a framework, although do acknowledge that the Board (and other key stakeholders) will naturally wish to consider and potentially amend these, in light of their own priorities.

3.1.5 Before coming onto these suggestions, we also consider it important from the outset to state our view that what the Hospital (and arguably the wider South-west Central City) really requires is a *Transport* Strategy, rather than one focussed only upon Parking: Whilst the latter is clearly an important (indeed vital) component to achieve a Vision for transport to and from the Hospital, a Strategy (and/or Plan) for Parking should represent only one component of delivery, there being a range of other transport (and transport demand management) measures that are and will be complementary to support a wider Hospital Transport Strategy (vision). We have proceeded on this basis.

3.2 Purpose

3.2.1 The purpose of a Hospital Transport Strategy should be to provide:

- A framework to assist informed discussions between the CDHB, other agencies and key community stakeholders and their decisions on the long-term provision and management of transport options to and from the Christchurch Hospital;
- A framework within which the Board can make decisions on future provision and management of car parking to serve the Hospital, where this is feasible;
- A means to prioritise and manage the demand for the finite numbers of car parking spaces that are (and planned to be) available for staff, patients and visitors;
- The rationale for why encouragement to reduce single-occupant car access to the Hospital, where feasible, makes sense for fiscal as well as wider health and

[2] We accept that such a Vision and/or Goals may have been implicitly assumed by authors of previous studies, but such assumptions do not appear to have been clearly defined.

environmental reasons; and

- Other policy measures which will ensure that a Vision and Goals ultimately agreed for Hospital Transport are delivered.

3.3 Towards a Vision for Hospital Transport

3.3.1 The vision of CCC's Christchurch Transport Strategic Plan (**CTSP**, June 2012), which considers future transport for the whole of Christchurch City, is "to keep Christchurch moving forward by providing transport choices to connect people".

3.3.2 The An Accessible City (**AAC,** October 2013) plan was developed by CERA on behalf of Minister for Canterbury Earthquake Recovery as part of the wider Christchurch Central Recovery Plan (**CCRP**). Its vision is for the central city to be vibrant and well-formed, and to attract people to live, work, play, learn, stay and invest. It will be safe, compact, accessible to everyone, sustainable and responsive to future changes. It aims to provide a Central City travel network that will meet the current and future needs of all inner city travellers across a range of different modes of travel.

3.3.3 To support the AAC, in 2015 the Council released their Christchurch Central Parking Plan (**CCCP**), with its intention being to help the Council, CERA, the Christchurch Central Development Unit (**CCDU**) and the development and business communities alike, to gain a shared understanding of ongoing parking needs and supply across the Central City during the recovery phase. The purpose of this Plan is to provide clear information on expected parking demand and likely supply. It does include a (helpful) set of parking principles (along with potential actions and results) to help guide the design and location of parking facilities, but contains no clear statement of a Vision for Parking. Nor was its purpose to have a specific focus on the SW Central City.

3.3.4 The **CDHB Vision** is for *"an integrated health system that keeps people healthy and well in their own homes by providing the right care and support, to the right person, at the right time and in the right place".* To achieve this vision, one of the methods is to take a "whole-of-system" approach, where everyone in the health system works together to do the right thing for the patient and the right thing for the system.

3.3.5 Where care *is* required at the Hospital campus, transport to enable such care clearly has an important role to play in a "whole of system" approach.

3.3.6 Further, an integrated view of patient welfare will recognise the vital contribution that patient's supporters and, of course, health-care staff can make to a patient's care and recovery: A hospital stay or visit is often likely to be a time of great stress for patients and their families alike and transport options will play an important role in mitigating (or potentially exacerbating) this stress. Similarly, for health-care staff, transport to and from work has the potential to add to, or reduce, the inherent stress in their daily work.

3.3.7 To support a CDHB Vision that is focussed on patient care, we therefore propose the Board considers the following draft Vision for Hospital Transport:

> "Christchurch Hospital will be viewed as accessible by patients, visitors and staff and the transport needs of each of these groups are met by a range of safe and attractive transport choices"

3.4 Goals

3.4.1 To support this Vision, the following draft Goals (outcomes) for a Hospital Transport Strategy are proposed:

- Equitable, safe, legible and sustainable access choices are provided to Hospital users, including patients, visitors and staff.
- A fiscally-responsible approach is taken to provide, manage and price transport services (including parking facilities) and that the overall benefits will meet or exceed the costs.

It is important, however, to acknowledge the reality that both of these goals may not always be fully-compatible and that one, or both, may require a degree of compromise.

3.5 Principles

3.5.1 To support the desired outcomes, and guide development of more detailed policies that may be incorporated within a finalised Strategy, the following (draft) principles are proposed:

- Hospital access options will be responsive to user needs
- Hospital access options will represent value-for-money
- While there are costs associated with providing Hospital access options, such services will not detract from the ability of the Board to fund and provide clinical care. In particular the Board expects car parking to be self-financing: “fair access, not free access”
- Available car parking space will be prioritised according to needs, not by perceived entitlement
- There should be no financial disadvantage between employees with priority access to parking and those without priority access to parking.
- Parking management will seek to maintain high occupancy levels (over 90%), to support efficient use of land
- Parking supply will be managed to maintain adaptability wherever feasible, to accommodate potentially-changing health-care delivery and transport environments; and
- The Board will seek to minimise the impact of hospital parking on others.

3.6 Responsibilities

3.6.1 We recommend that the key responsibilities and duties for implementation of a Long-Term Hospital Transport Strategy (and subsequently Plan[3]) are more clearly identified (and communicated), e.g. responsibilities and duties may be anticipated as follows:

- The **Board** may wish to delegate approval to progress discussions on a draft Strategy with relevant stakeholders and will bear responsibility for approval of a finalised Strategy.

[3] This should include development and adoption of a Hospital Travel Plan, which would include car parking policies as well as the plan for implementation and management of the parking stock.

- The **Chief Executive**, whom it is suggested should bear responsibility for the implementation of a finalised Strategy adopted by the Board, *including agreement with other agencies over specific responsibility for delivery of supporting transport infrastructure, within agreed timeframes*;
- An **Executive Manager**, whom it is suggested should bear responsibility to ensure that the development and management of transport and parking services is aligned with the Transport Vision, goals and principles (including being responsive to user needs and representing value-for-money);
- A **Manager** designated with primary accountability for Transport and Parking and responsible for day-to-day implementation, including specification and procurement of car park supply and management services - and any delegated responsibilities for these matters.
- A **Travel Plan Coordinator**, with accountability for development and implementation of a Hospital Travel Plan, including measures to promote and sustain increased car-sharing, public transport, cycling and pedestrian access by Hospital staff, patients and visitors.
- In addition, it would also be useful to consider and clearly set out the responsibilities and duties expected of Parking Permit Holders, other Members of staff and members of the Public, **and other agencies**.

3.7 Key Targets

3.7.1 Pending further investigation to confirm patient and visitor use of transport options in particular, we suggest that the following tentative long-term access mode-share targets be adopted on an interim basis to guide decision-making. More detail on the basis for these targets is provided within subsequent sections of this report.

Mode of Travel	Staff		Patient & Visitors	
	Estimated Current	Potential 2031 Target	Estimated Current	Potential 2031 Target
Drive a Car	65.0%	50.0%	49.3%	45.0%
Car Passenger	5.0%	15.0%	44.9%	46.3%
Cycle	15.0%	19.0%	1.5%	2.3%
Walk or Jog	6.0%	6.0%	1.3%	2.0%
Bus	7.0%	8.0%	2.0%	3.0%
Other (including M/C/scooter)	2.0%	2.0%	1.0%	1.5%
Total	100.0%	100.0%	100.0%	100.0%

Table 3-1: Hospital Mode Split Targets

3.7.2 Other targets (and a monitoring action plan) may also be appropriate to include within a finalised Transport Strategy and Travel Plan, by which to measure progress towards desired outcomes/objectives.

3.8 Priorities for Parking

3.8.1 Given existing and likely-future constraints on space available for parking, there is a need to clearly prioritise available parking space and inform decisions regarding potential development of additional capacity. Logically, these are ultimately likely to vary according to specific locations, accessible parking supply and relative demand, but the following five broad priority categories are suggested as an initial basis for consideration:

Priority Category	User Group
1	EAS Vehicles
	Mobility Parking Permit Holders
	Drop-off/pick up for acute patients
2	Drop-off/pick up for outpatient admissions
3	Other Patients and visitors.
	Meeting contract-commitments for parking to accommodate rotating shift workers (working outside 7:00 am to 6:30 pm), where required by the user.
	Medical Consultants.
	Any employees working between campuses on a routine basis of 3 times or more per week.
	Emergency call out staff while on call.
	Emergency services, corrections, courier, maintenance, contractor and CDHB fleet vehicles
	Volunteers.
4	Parking to accommodate rotating shift workers (working outside 7:00 am to 6:30 pm), where a contractual obligation to a parking space does not exist[4].
	Staff Car Pooling Scheme(s)
	Demonstrated primary carer needs
	Staff where comparative total travel time via public transport exceeds private-vehicle travel time by more than 30 minutes per journey
5	Staff who only work Monday to Friday 7:00 am to 6:30 pm[4].

Table 3-2: Proposed Priorities for Allocation of Available Car Parking Supply

[4] The provision of a car parking space should not, however, be seen as a contractual entitlement for any staff, beyond agreements that are already in place and on-going.

3.9 **Actions**

3.9.1 The Board will develop and adopt a Transport Strategy by _____

3.9.2 A Hospital Travel Plan to support this Strategy will be developed and adopted by _____ . The aim of this Plan will be to confirm specific targets and objectives for approval by the Board, in order to encourage, whenever possible, alternative options to single-occupant car travel and to better plan and manage available car parking provision.

3.9.3 The development and implementation of the Travel Plan should be informed by additional (and on-going) surveys including market research of Hospital users (and patients and visitors in particular), to confirm their existing and potential mode-share (including existing and preferred parking locations where applicable), access needs and priorities, degree of satisfaction with access experience, willingness-to-pay for added value improvements, and monitor progress towards targets, etc.

3.10 In line with the anticipated *minimum* Hospital and wider (known) Health Precinct off-street requirements the CDHB and partner agencies should work together to urgently investigate the viability of both a **700 space building within close proximity to the Main Hospital site (within 5-7min walk from the hospital centre) and a further 700 space building to the east of the Staff parking building** (the latter with access to both St Asaph and Tuam Streets).

3.11 Pending the outcome of these investigations and discussions, we recommend the CDHB should 'reserve' of a more-viable area for a replacement 'Blue' Parking Building, as our understanding of the currently-planned space would be a relatively inefficient and therefore potentially increase costs per space;

3.12 The more-detailed financial investigations should consider alternatives that allow for potential 're-purposing' at some future date. This may be prudent in the light of potential technology change (e.g. personalised self-driving taxis) in the medium to long-term. Such changes, whilst uncertain, do have some potential to reduce or even eliminate the need for much static 'near-site' parking. Whilst higher capital costs may be initially anticipated (as a flat-slab structure and increased floor-floor height is required), we suggest that such flexibility may reduce overall life-cycle cost risk.

3.13 Further, in terms of minimising risk, we recommend that the CDHB continue to hold the former Christchurch Women's Hospital site for potential use as a Park and Ride facility, until such time as the availability of adequate alternative (and more attractive) parking provision close to the Campus is certain – or the need for some 'next-best' alternative becomes clear. This site has the capacity to accommodate around 650 cars and, whilst in some respects is less well-located than the temporary Deans Avenue site, it does have the advantage of CDHB ownership and thus (current) long-term security without lease cost.

4 Parking Costs

4.1 Historical Context

4.1.1 The former 'Blue' off-street public parking building (Hospital Car Park) located on the St Asaph campus was opened in 2000, with a capacity of 353 spaces. Following completion of the Women's Hospital, from May 2005, the on-site supply (Main campus only) was around 258 spaces. The Council managed both this building and on-site parking at the hospital, through a Parking Management Agreement and a Deed of Sublease.

4.1.2 Given its location (and surrounding pre-quake land use), clearly the majority of users of the former Hospital Car Park were also Hospital users - A 2004 survey for CCC found that the proportion was 95%+, depending on the time, and this convenience accords with a Customer Satisfaction survey conducted in 2007:

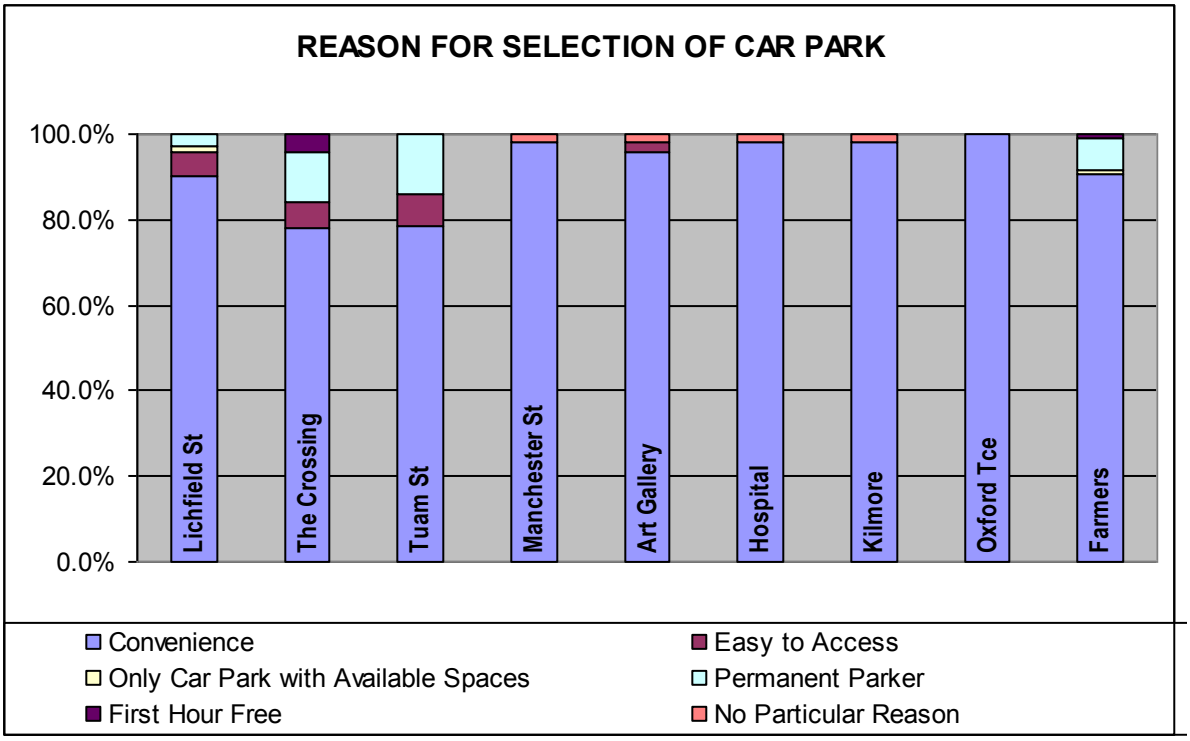

Figure 4-1: Reason for Selection of Car Park (2007)[5]

4.1.3 Also in 2007, a study for CCC conducted by Deloittes reported that although the building then generated a surplus of around $300,000/year, average occupancy was not high, particularly at weekends (when both demand was lower and the availability of on-street parking was higher). This is illustrated by Figure 4-2 and Figure 4-3.

[5] Source: 'Annual Off-Street Parking Customer Satisfaction Survey' (Spire Consulting on behalf of CCC, May 2007).

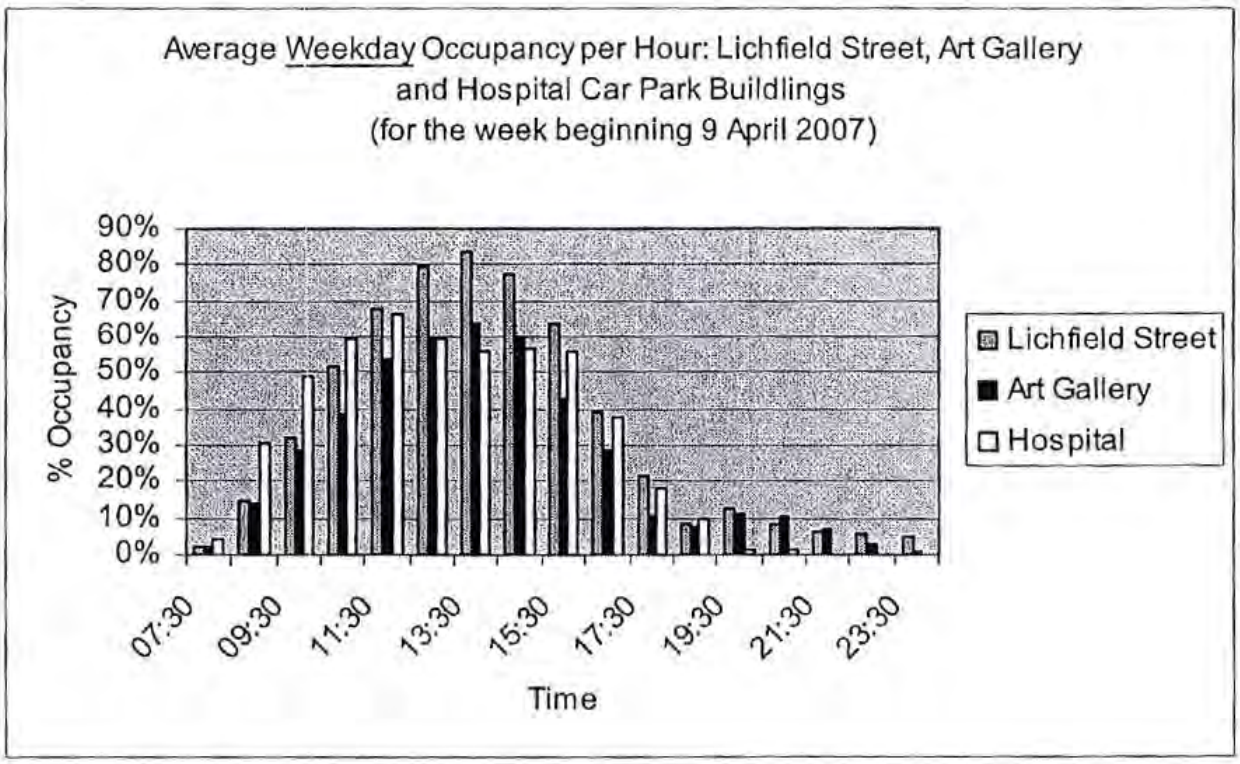

Figure 4-2: Example of Former Hospital Car Park Weekday Occupancy (2007)[6]

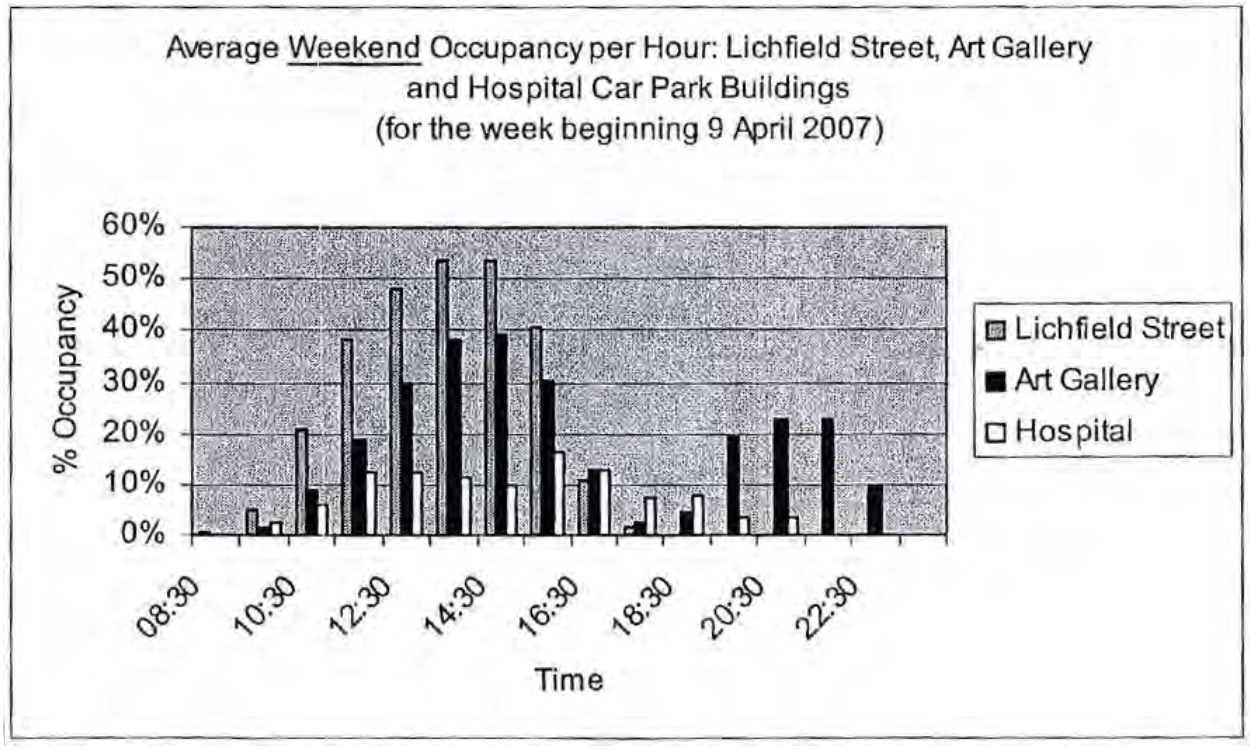

Figure 4-3: Example of Former Hospital Car Park Weekend Occupancy (2007)

6 Source: 'High Level Review of Central City Parking' (Deloittes on behalf of CCC, May 2007)

4.1.4 Council data from that time suggested that there were around 195,000 parking transactions at the building each year. Assuming 50% average occupancy during the week and 12% at weekends, this would imply an average weekday would have had around 685 (casual parker) users.

4.1.5 At the time of the above occupancy reports, charges levied were $0.50c/half hour in the building and $0.75c/half hour for on-site parking (at the Main hospital site), thus providing some incentive to use the off-street parking, which would have represented a less-attractive position for many users, compared to if a space was available on the Main site (or on-street close-by).

4.1.6 In September 2007 (following consultation by the CDHB with staff and patients, where 199 of 200 responses expressed negative views about a proposal by CCC to raise both on-site and building charges to $1.10/half hour, citing impact on patients, visitors, and staff), the charges were amended to $1.10/half hour for the building ($17/day) and $0.80/half hour for on-site parking.

4.2 In this context, it is of little surprise that the building (reportedly) would have continued to have relatively low (or indeed lower) occupancy and that the nearer and lower-cost parking on the Main site continued to be preferred, with very high occupancy rates of the latter as a result.

4.3 At that time, on-street parking charges, where levied, were $1.10/hr. Despite this, demand for both charged on-street parking close to the Hospital and free parking further afield was heavy, Deloittes reporting that 6 parking meters located in Riccarton Avenue were the highest-grossing of any in the city.

4.4 In the last parking inventory surveys conducted on behalf of CCC prior to the earthquakes (December 2009), there were a total of 1,000 on-street spaces in the Health and Metrosport AAC precincts combined[7], 608 (61%) of these allowing long-term parking. The total on-street parking did not change significantly following the earthquakes (in March 2016 1,016 spaces in these areas were recorded) but, by this time, the proportion allowing long-term parking had risen to 72% (730 spaces, 713 of which were free). Further information on *current* availability is provided in the following chapter.

[7] Note that these surveys did not include Riccarton Avenue and the precinct definitions also exclude parking beyond Moorhouse Avenue.

4.5 The 'Real' (Current) Costs of Parking

4.5.1 Clearly, despite a number of changes that have occurred following the Canterbury earthquakes that may have reduced accessibility, transport by car is still currently perceived as representing a (relatively) attractive (i.e. 'most-viable') transport option by the majority of staff and other users (including patients and visitors) of Hospital facilities.

4.5.2 The Hospital operates 24 hours per day, 7 days per week. Many health care workers are shift workers that are required to start work early in the morning (before 7.00 am) or leave work late at night. For these employees, alternative transport modes to the car may not always provide an adequate level of accessibility. Access and parking provision must give consideration to maximising safety of all staff and where feasible help promote a healthy workforce and minimise travel time, beyond specific contractual obligations to some staff.

4.5.3 The car parking needs of patients and visitors would, from a user perspective, clearly ideally be met on-site (and at minimal cost). However, it must be recognised that space constraints (and fiscal responsibility) will almost certainly preclude such 'ideal' provision to cater for all such demand.

4.5.4 Where a viable choice, an increased use of more 'active' transport options (including walking and cycling) is likely to have wider health benefits both through reduced stress and increased activity, for staff, visitors and indeed even some patients.

4.5.5 Encouragement of increased use of such 'active' modes, along with other mechanisms to reduce single-driver car use (e.g. increasing public transport use and car passenger numbers) also has the potential to deliver significant financial as well as wider economic (e.g. health-saving) benefits, by potentially 'avoiding' – or reducing - the 'real' costs of providing parking where the latter might only be achieved, in an attractive position, via multi-storey car park(s):

- Whilst many may perceive it as such (and be attracted as a result), no parking is actually 'free': Car parking, in particular, takes space and thus there is at a minimum, an opportunity cost associated with that space[8]. As will be seen later in this report, currently there are a significant number of at-grade parking spaces on vacant sites within walking distance of the Hospital campus (with many apparently awaiting economic conditions that will enable a more-viable use through development). Part of this economic equation is that post-earthquake construction costs in Christchurch have risen significantly - and this applies also to development of (multi-storey) car parking buildings.
- Our understanding is that the typical present value of cost per multi-storey car parking space in Central Christchurch may lie between about $30,000-$45,000 (when land and life-cycle operational costs are included), depending on location and design factors, including space efficiency. This means that (based on typical cost of capital and desired margins) each of those spaces may need to generate revenue of between around $10-$15/day, or *at least* $50/week, to represent a

[8] Even if it makes use of 'available' space 'on-street', such parking space might be used for other purposes, such as easing traffic flow, providing facilities for other transport modes, enhancing landscaping amenity, etc.

viable financial proposition[9]. This can be achieved at centrally-located buildings with relatively-high turnover and hourly-based commercial rates (of between $3.20-$4:00/hr), focussed on accommodating shorter-term visitors.

- However, clearly it does not presently represent a viable (commercial) proposition for longer-term parking, where alternative capacity (competition) exists and is perceived as more-attractive.
- Within walking distance of the Hospital, this 'competition' presently includes unrestricted on-street parking and off-street (at-grade) rates on currently-vacant sites that may typically currently be around $20/week (with some even lower on a monthly contract). What this implies is that any new parking building focussed on accommodating *long-term* parking, is likely to require a heavy subsidy (that may be in the region of $30-40 per space per week) in the foreseeable future to be 'viable' (to a commercial promotor).

4.5.6 These figures may be compared to rates currently charged to staff for the use of CDHB car parks, which we understand to be $27/week, or $2/day for use of the Afternoon car park.

4.5.7 Charging for short-term visitor parking at Hospitals, whilst clearly not welcomed by users, is being increasingly used in NZ and overseas as an appropriate means to manage space allocation (where sufficient space is not available to provide 'free' parking to accommodate all demand), generate a transactional benefit for the user (as a space may be purchased in a more-attractive location), and to cover the real operational and/or the opportunity cost of providing the space required.

4.5.8 By way of examples, parking at Auckland City and Waitemata Hospitals currently costs $7 per 2 hours (and $18-$20/day), Wellington Hospital charge $6 per 2 hrs (& $10/day during the week), while lower charges are levied at Palmerston North ($4 per 2 hours and $8/day) and Waikato Hospitals ($3 per 2 hours and $7.50/day), reflecting their relative demand and local commercial rates.

4.5.9 Short-term (<4hr) rates in Christchurch Parking Buildings currently vary, but range from around $8 per 2 hours (and $12/day Earlybird) at the West End Car Park (Cashel Street) to $4 per 2 hours at the Art Gallery. On-street rates are (mostly) $6.20 per 2 hours.

[9] Indeed, these revenue requirements may even possibly increase in the future (unless costs reduce substantially), given the potential risk that the traditional viable life of such a building (30-50 years) may be reduced at some point in the not-so-distant future through anticipated technology, but as-yet uncertain resulting potential for changes in travel behaviour including a potential reduction in private ownership and rise in self-driving 'taxi-like' (personal PT) modes.

5 Previous Hospital Parking-related Evaluations

5.1 Introduction

5.1.1 As noted above, a number of previous evaluations have been reviewed for the purpose of this study. The most recent and relevant of these (which are in the public domain) are briefly summarised below.

5.2 March 2017 Review on behalf of MoH[10]

5.2.1 In March 2017, the MoH received a report that provides a valuable review of previous studies by their consultants Urbis TPD Ltd. It also updated some of the previous assumptions, leading to modest revision of estimates of both existing (and future) demand and supply, and clear recommendations for the latter, based on this analysis. (**Appendix A** provides further brief commentary on this and its preceding documents).

However, in summary, the report:

- Discussed changes in the parking demand of Hospital activity since a 'Construction ITA' was prepared (for the ASB) in October 2015;
- Provided a copy of a parking demand analysis table (prepared by Deloitte), with commentary on where this changed from the 'Construction ITA' demand analysis;
- Discussed changes in the parking supply in the vicinity of the Hospital since 2015; and
- Provided recommendations for the short, medium and long term scenarios to improve parking supply for the Hospital.

5.2.2 The key conclusions of this review were:

- That there is a parking shortfall associated with the current operation of the hospital site and this primarily arises from the loss of parking on the Metro Sports site and the streets surrounding that site;
- There is spare parking capacity at the sale yard site to compensate for parking displaced from the Metro Sports site and the streets surrounding that site;
- There will need to be changes made in the operation of this remote parking facility to maximise its use in order to properly compensate for parking lost from locations closer to the Hospital site; and
- Uncertainty about the parking demand at alternate permanent parking supply options such as the Metro Sports site means that it is inappropriate to replace the blue parking building now.

5.2.3 In the interim a number of changes could be made to the current parking supply situation that would certainly assist, and possibly fully rectify, the parking shortfall issues associated with the operation of the Hospital.

[10] 'Christchurch Hospital – March 2017 Review of Parking Supply and Demand', (Urbis TPD Ltd, April 2017, on behalf of MoH. http://www.health.govt.nz/system/files/documents/pages/urbis-review-of-parking-supply-and-demand-for-christchurch-hospital.pdf (Retrieved 19/7/17).

5.3 January 2017 Review by Development Christchurch Ltd (DCL)[11]

5.3.1 This evaluation was undertaken by DCL to respond to a request by the Christchurch Mayor and Greater Christchurch Regeneration Minister to prepare a comprehensive business case for car parking solutions for the south-west central city and include consideration of the demand from CDHB, Metro Sport Facility (MSF), South Frame and other nearby facilities.

5.3.2 In summary, the report:

- Sets out DCL's view of current and future estimated parking demand and supply in the south-west of the central city. It specifically focusses on the estimated number of car parks required for the proposed Metro Sport Facility (MSF) and the potential long term shortfall of parking supply in the health precinct;
- It provides an analysis of the MSF parking demand estimates, noting that Ōtākaro's preliminary design supply of 550 parks indicates that there could be sufficient parking during peak hours approximately 60% of the time. They noted that 'to accommodate for (MSF) overflow, there is unmetered, unrestricted parking nearby'[12].
- From the analysis performed, it was also, however, identified that there could be a significant shortfall of parking within the health precinct in the long-term. This shortfall could be up to 2,900 parks during the construction of the new health facilities, and up to 2,000 in the long term.
- A number of potential solutions were identified, including a new parking building (considered on various sites), park-and-ride options, and efficiencies that could be obtained from the key parties sharing parking resources (when their demand peaks do not coincide) .
- These potential solutions were evaluated against the critical success factors of: strategic fit, value for money, user affordability, facility proximity, traffic impact and achievability.
- Based on the results of the evaluation, the key options (not mutually exclusive) which the authors recommended be explored further are:
    - CDHB finding a partner to build a total of 1,000 to 1,400 car parks 'on CDHB land';

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11 'Car Parking in the South-West Central City, Final Issue', (Development Christchurch Ltd, January 2017). The copy reviewed was retrieved from: https://www.ccc.govt.nz/assets/Documents/The-Council/How-the-Council-works/LGOIMA-responses/DCL-Report-on-Health-Precinct-Car-Parking.pdf (19/7/17), As this version was provided in response to a LGOIMA request, it is noted that it does include some redactions, to preserve commercially-sensitive information.

12 We would add that our own-spot check surveys indicate that over-night and early-morning demand for this parking is already effectively at capacity (Our own observations being undertaken for 5 days between 6-7am, to minimise observation of 'construction parker' use) - not least because of its apparent current attractiveness for Hospital staff. Regular peak MSF demand is, however, anticipated to occur between 5:30pm-8:00pm and thus precede the arrival of night-shift hospital staff (10:30pm-07:00am).

- MSF providing car parks up to a practical maximum of 650; and
- Implementing technology to allow for shared use of car parks.

5.3.3 Subsequent discussions with the operator of the MSF (by CDHB and the author) reveal that detailed planning of the facility has progressed since the preparation of DCL's January 2017 report: Technology will indeed be implemented to manage parking at the MSF, but this will be used to support a management plan that is focussed on meeting the needs of bona-fide MSF users first-and-foremost. The facility is thus unlikely to provide any significant potential capacity for hospital staff and visitors (except, potentially, for periods of low demand at the MSF, generally anticipated to be between 8pm-6am). However, as will be seen subsequently, Hospital demand is (relatively) low during this period and even this capacity could not be relied upon '24/7', given that occasional major events, including in late evening, may be expected at the MSF.

6 Existing Parking Supply and Demand

6.1 Introduction

6.1.1 The following estimates of current parking supply and demand have been up-dated to account for recent surveys (CDHB/QTP), accounting for current construction operations on the Main Hospital campus and within the immediate area.

6.2 Existing Off-Street Parking Supply

6.2.1 Table 6-1 and Figure 6-1 overleaf indicate the existing off-street parking supply locations (CDHB-controlled and other parking available for public use), within an approximate 15 minute walking catchment of the Main Hospital site[13].

Category	Estimated Walking Time			
	Less than 5mins	5- 10min	10-15mins	Within 15 mins
CDHB-controlled Staff	74	774[14]	175	1,023
CDHB-controlled Public	101	0	0	101
CDHB-controlled Total	**175**	**774**	**175**	**1,124**
Other Public Off-Street	269	290	3,037	3,596
Total Off-Street	**444**	**1,064**	**3,212**	**4,720**

Table 6-1: Total Off-Street Parking Supply within 15minutes Walk[15]

6.2.2 It will be noted that the figures cited in Table 6-1 *exclude* the current Sale Yards Park and Ride capacity, which lies just beyond a 15 minute walk (for a healthy adult) from the Main Hospital *centre*. This site currently provides a further 250 spaces (approximately[16]) - albeit that these are not sealed, nor formally laid out to a high standard, nor may be viewed as providing secure overnight parking. Our understanding is that the site has resource consent for a total of up to 816 spaces.

13 Walk catchments have been taken to a centroid of Oncology which is anticipated to reflect a future centre of demand for the site.

14 This includes the Afternoon Car Park (St Asaph Street) – including approx. 117 spaces being currently-within the MSF site - as well as the Staff Car Park (Antigua Street) and leased parking on the KEB site.

15 This is measured to Main Site centroid NOT the edge of campus - See Notes on Figure 6-1.

16 Note the existing licence to occupy is for 300 spaces and the wider site has capacity for around 816 cars.

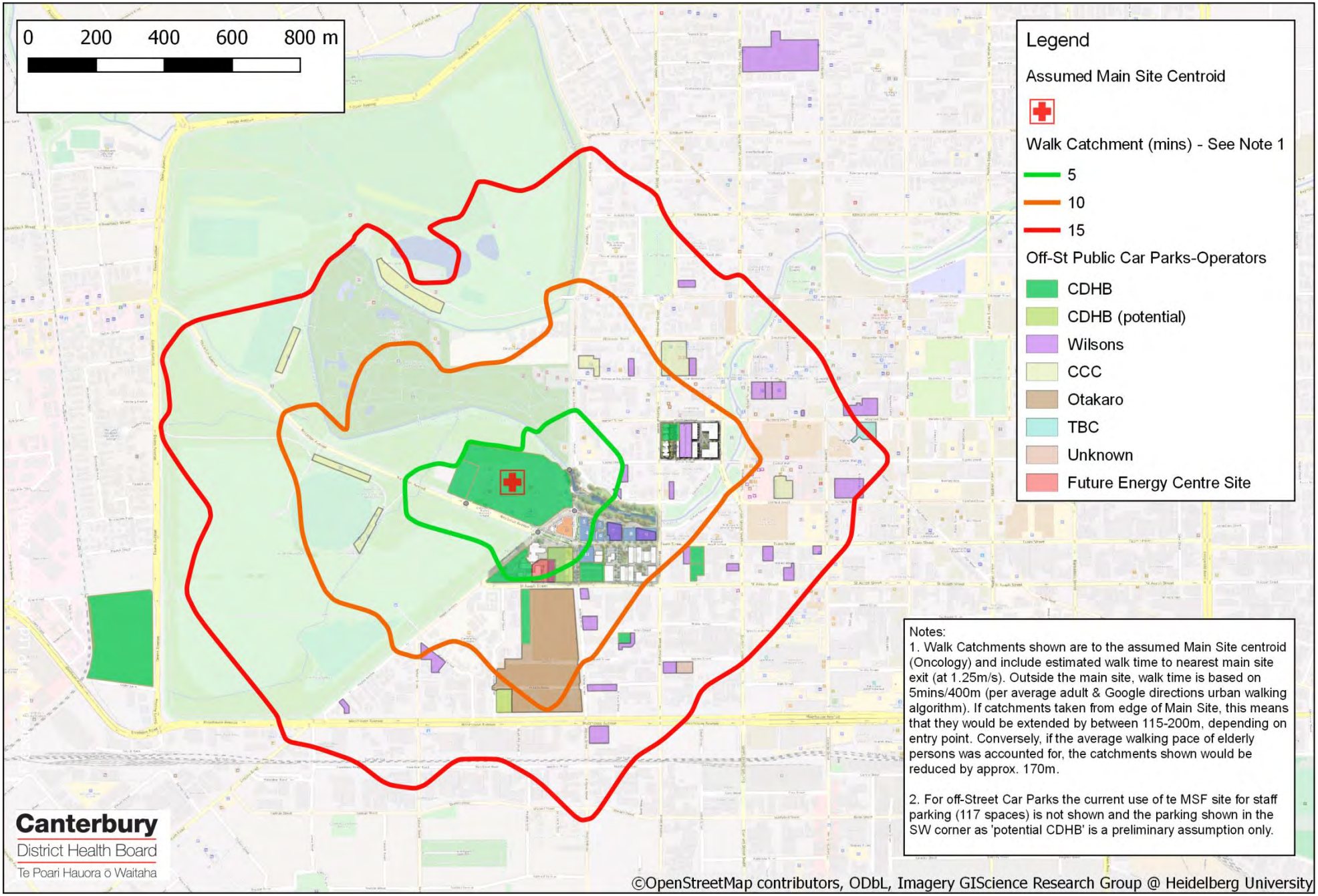

Figure 6-1: Current Off-Street Staff and Public Parking within 15mins Walk of Hospital

6.2.3 Current parking supply on the campus itself is summarised in Table 6-2.

6.2.4 It is notable that substantial improvement has been made since 2013 to the campus cycle parking provision (through the addition of a secure compound outside the Main Entry and installation of some double-cycle racks).

Type	Main Site	St Asaph[17]	Total
Drop-off	12	0	12
Mobility	29	4	33
Staff	18	56	74
Public/Contractor	33	23	56
Total Car Parking	92	83	175
Secure Cycle Parking	382	0	382
Unsecure Cycle Parking	135	53	188
Total Cycle Parking	517	53	570

Table 6-2: Current Campus Parking[18]

6.3 Existing On-Street Parking Supply

6.3.1 Figure 6-2 overleaf indicates existing on-street parking supply within an approximate 15 minute walking catchment of the Main Hospital site. The parking legend colours have been selected to broadly differentiate between Paid (red-orange) and Unpaid Parking (green), as well as any applicable time-restrictions.

6.3.2 Note that because the assumed catchments include walking time *within* the campus, parking on Deans Avenue - which early-morning observations indicate is likely to be used by some staff - is not included, as this lies beyond the estimated catchment adopted.

17 'St Asaph' is defined as the 'triangle' bounded to the south by St Asaph St and east by Antigua St. It includes cycle parking and car parking (reserved for on-call medical staff) at the sub-station site but does *not* therefore include either the Afternoon Car Park (St Asaph Street) or Staff Car Park (Antigua Street).

18 Note that motorcycle, scooter and ED ambulance parking spaces are excluded.

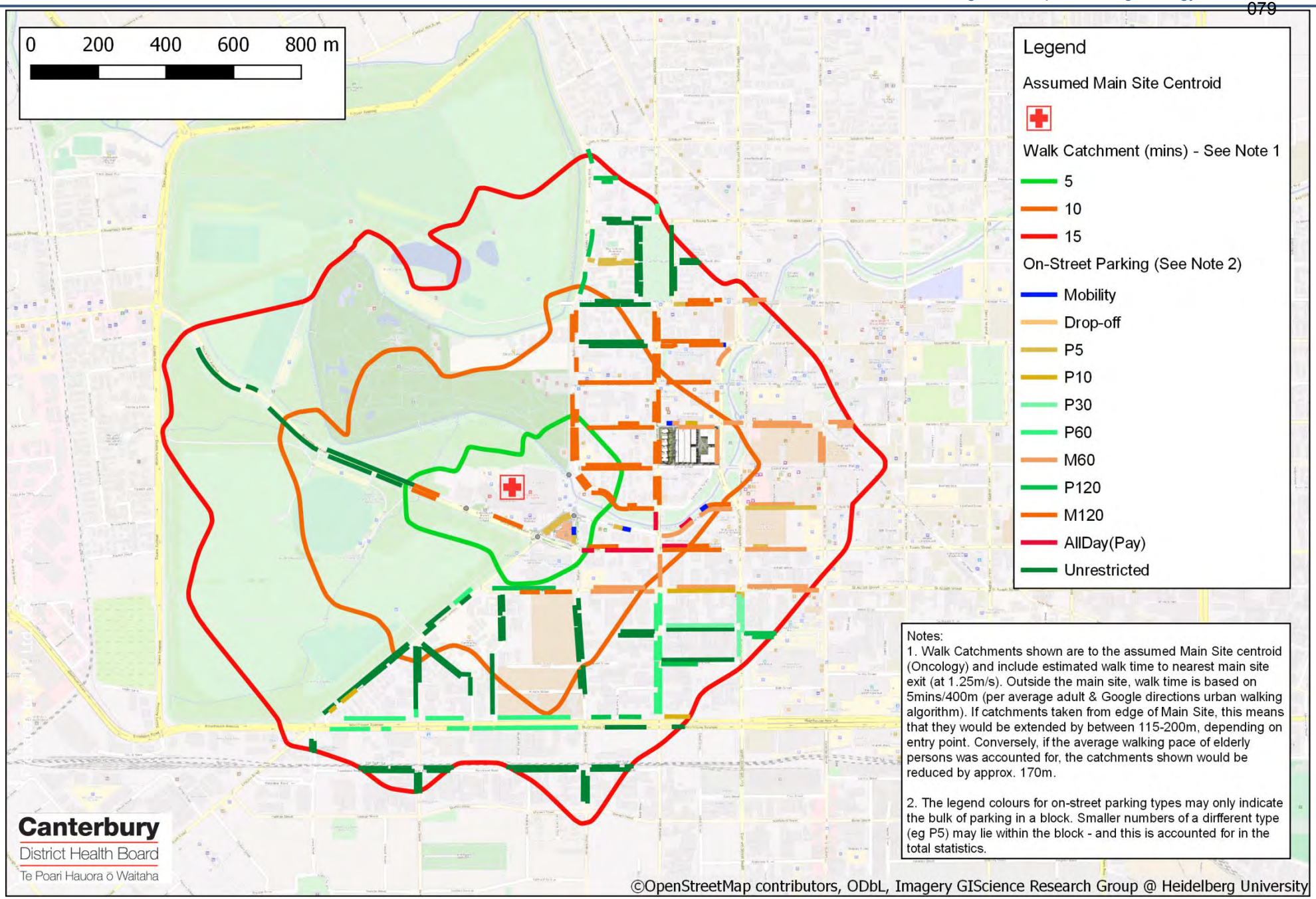

Figure 6-2: Current On-Street Public Parking within 15mins Walk of Hospital

6.3.3 The numbers of these on-street parking spaces are presented in Table 6-3 below.

On-street Parking Type	Walk Time from Hospital			
	Less than 5mins	5- 10min	10-15mins	Within 15 mins
Mobility	4	4	7	**15**
Drop-Off (P5,P10)	3	19	77	**99**
Time-Limited (<=3hrs, Free)	0	28	312	**340**
Time-Limited (<=3 Hrs, Pay)	117	348	226	**690**
All-Day Pay	0	36	0	**36**
Unrestricted (Free)	4	286	617	**908**
Total	**128**	**721**	**1,239**	**2,088**

Table 6-3: Existing On-Street Parking within 15mins walk of Hospital[19]

6.4 Future Parking Supply

6.4.1 This section *only* reports 'anticipated' parking supply, that is, where (some) long-term certainty exists, or rather is considered 'reasonably-likely'. Options for additional supply are canvassed in Section 8.

6.4.2 Currently-anticipated 'certain' future parking supply (with changes from the existing provision in brackets) on the Hospital campus itself is summarised in Table 6-4. Note that this **excludes** potential parking (to be examined later under Options) on land such as the sites of the former Blue Parking building and the current Diabetes building.

[19] Note that motorcycle and scooter parking is excluded.

Type	Main Site	St Asaph	Total
Total Car Parking	167[20] (+75)	44[21] (-39)	211 (+36)
Secure Cycle Parking	532[22]	0	532
Unsecure Cycle Parking	135	53	188
Total Cycle Parking	667 (+150)	53	720 (+150)

Table 6-4: Presently-Anticipated Future Campus Parking[23]

Category	Estimated Walking Time			
	Less than 5mins	5- 10min	10-15mins	Within 15 mins
CDHB-controlled Staff	39 (-35)	657 (-117)	290(+115)	986(-37)
CDHB-controlled Public	172(+71)	0	0	172(+71)
CDHB-controlled Total	**211(+36)**	**657(-117)**	**290(+115)**	**1,158(+34)**
Other Public Off-Street	269 (0)	840(+550)	3,072(+35)	4,181(+385)
Total Off-Street Staff and Public	**480 (+36)**	**1,497 (+433)**	**3,362(+150)**	**5,339(+619)**

Table 6-5: Presently-Anticipated Future-Minimum Total Off-Street Parking Supply within 15minutes Walk

6.4.3 The key points to note about the above are:

- Account has been taken of the potential which exists to replace parking presently-used by Afternoon staff on land 'borrowed' from the Major Sports Facility (**MSF**), by potentially securing land that may be available at the SW corner of the MSF site. Whilst this is assumed within the above table, we note that such exchange would still be the subject of negotiation with Ōtākaro and we suggest that long-term security of this space via lease or purchase is unlikely to be certain (as the owner will likely wish to retain rights to integrate this land within the MSF parking, should facility demand require it at some point in the future). The land is obviously further-

20 Assumes existing parking on the current Outpatients site (22 spaces) is replaced by the proposed 97-space ASB LG/GL car park.

21 Anticipates loss of 8 staff parks in SE corner and demolition of Diabetes building following vacation by August 2018 (resulting in removal of 23 staff and 8 visitor spaces); with replacement use not known, no net parking has been assumed, to be 'conservative'.

22 Anticipates +150 secure cycle spaces will be provided on the LG of the ASB (per submitted Designation plans) **and** retention of the Main Entry compound (or its relocation elsewhere).

23 Motorcycle, scooter and ED ambulance parking is excluded

removed from the site than the present afternoon parking and as such, would present a less-attractive option for its users, nor guarantee security for staff returning to vehicles late at night.

- Indeed the catchment totals already account for replacement of (more than) the total to be lost on construction of the MSF, via temporary parking recently-secured on Tuam Street (140 spaces) and off Montreal Street ('KEB', 98 spaces[24]).
- However, the securing of the 'MSF SW corner' parcel, however temporarily, would provide options to accommodate some staff demand within a reasonable walking distance of the campus.
- The addition of the MSF parking has been included (for the purposes of this table) within the 'Other Public Off-Street' category. However, it is clear from discussions with the operator that, whilst opportunities for shared-use of facilities would be welcome and further explored, there can simply be no guarantee of the availability of this space for hospital (staff or public) users (*"except potentially for the period between 8pm and 6am when use by MSF visitors will be low"*).
- The MSF facility is to be managed to attract as many bone-fide patrons as possible and as such, a barrier-controlled parking management regime is to be implemented that offers free parking to (most) patrons, for a time-limited period[25], upon validation of a ticket at the facility. Notwithstanding that the potential for some synergy of existing and future Hospital and MSF activities does exist (e.g. injury rehabilitation, sports health research, etc.) and as a consequence, benefits which include an lower overall parking demand from the MSF and Hospital combined could be anticipated, at this stage the scale of these activities and therefore the potential reduction in parking demands remains unknown and (to be conservative) has not been accounted for in our future (parking) demand estimates which follow later.
- The above totals exclude any (off-street) parking for both the New Outpatients facility nor the Health Research and Education Facilty (**HREF**), because, as far as we are aware at this stage, none is planned.

[24] Note that although still included (within this table) as part of the 'future potential supply', the totals should be treated as indicative: This is because the 'KEB" site (98 spaces) is only leased until 16 April 2019, with no right of renewal after that date (as the site is signalled for residential development within the wider King Edwards Barracks development plan). Similarly the Tuam Street site (140 spaces) is presently leased until July 2019, with right of renewal for a further year and the Acton Street site (35 spaces) has a 3-year lease term (to 31 July 2020). Thus beyond August 2020 a total of 323 'staff' spaces are **not** actually guaranteed to be available (at least on these sites); This potential loss is, however, considered within the long-term strategy options considered later in this report.

[25] It should thus be assumed that the MSF operator anticipates a potential need to actively prevent the potential for **long-term** parking by staff (or Hospital visitors) who may *also* be bone-fide MSF patrons.

6.4.4 Currently-anticipated future *on-street* parking supply is presented in Table 6-6. These numbers take account of where plans exist for changes to the surrounding streets, but planned construction has yet to be completed (e.g. around the new Outpatients, along Oxford Terrace, Tuam and St Asaph Streets, etc.).

On-street Parking Type	Walk Time from Hospital			
	5mins	10mins	15mins	<=15mins
Mobility[26]	7	6	7	20
Drop-Off (P5,P10)	22	21	77	120
Time-Limited (<=3hrs, Free)	0	12	312	324
Time-Limited (<=3 Hrs, Pay)	117	236	226	579
All-Day Pay	0	22	0	22
Unrestricted (Free)	4	286	617	908
Total	**150**	**584**	**1,239**	**1,973**

Table 6-6: Future On-Street Parking within 15mins walk of Hospital

6.4.5 Whilst the totals shown above are likely to be indicative of the future, the numbers presented under particular types, should, however, be treated with considerable caution, not least because as the on-going recovery of the Central City continues, further changes to parking restrictions may occur, including the reversion of some current Unrestricted Parking to time-limited and/or charged parking.

6.4.6 Furthermore, at this point in time, the future plans for the linking the Quarryman's Trail Major Cycle Route (**MCR**) between Moorhouse Avenue (where it terminates) and St Asaph Street (past the MSF) are also uncertain – and may result in a loss of (presently-unrestricted) parking along this section which is included in the above totals, pending further certainty.

[26] Recent changes in the criteria for Mobility Parking Permit Scheme are likely to result in increased need for mobility parking with a new eligibility criteria "*..a medical condition or disability that requires they have physical contact/close supervision to safely get around and cannot be left unattended (for example they experience disorientation, confusion or severe anxiety)"* With the increase in age-related dementia this could double the requirement for Mobility spaces, which until recently are understood to have been excluded from the mobility parking scheme.

6.5 Existing Parking Demands

6.5.1 The previous studies summarised in the preceding chapter have made estimates that suggest the existing Hospital car parking demand, for staff and visitors combined, may range between 1,200-2,210 spaces.

6.5.2 However, based upon updated information and analysis, described below, we believe that these potentially represent a (significant) under-estimate, despite the variance. As this is the foundation used to identify potential future needs (including accommodation of anticipated growth), the differences are, naturally, potentially significant when it comes to development of a Long-Term Parking Strategy.

6.5.3 Prior to this review, the most-recent estimates of the existing demand (made on behalf of the MoH in March 2017), are those shown in Table 6-7:

Design years (based on a 2pm daily frequency)	Existing
	2017
Hospital Activities including ASB and including afternoon park changeover	1200
Registrars and surgeons etc	50
Allowance for population growth catered for by ASB (nominal values)	0
HREF facility (nominal values)	0
Corporate Services (nominal values)	150
Fleet vehicle storage (nominal values)	25
On-street construction worker parking (nominal values)	150

Table 6-7: March 2017 summary of estimated parking demand (Per Urbis report, Table 4)

6.5.4 The January 2017 DCL report provided a range of estimates for existing (Hospital) peak car parking demand, this ranging between 1,325 (being based upon October 2015 rather than March 2017 Urbis estimates) and up to 2,210.

6.5.5 The higher estimate was founded upon a March 2016 CDHB staff survey, which revealed that 60% of (DCL's estimate of) 2,650 staff present at peak were 'car-drivers'. This implied demand for around 1,350 staff car parking spaces at this time, to which was added 'other information available on patient and visitors volumes'[27], in order to provide a range of possible total (peak) car parking demand.

6.5.6 By overlaying DCLs adopted existing (car parking) demand scenario(s) upon the staff accumulation profile used by Urbis (with y axes scaled for comparability), the following may be noted (from Figure 6-3):

- The 'Urbis' demand profile (DCL 'Scenario A'), shown by the dark red columns, mirrors and thus appears directly-predicated *only* on the adopted staff accumulation (scaled to an assumed maximum peak of around 1,350); and
- DCL 'Scenario B' closely reflects the adopted staff accumulation, except for a relatively small increase, presumably due to additional assumptions made for

[27] The basis of the existing patient and visitor parking demand estimates is not clear from the report.

evening visitors, in the period 6pm-9pm.

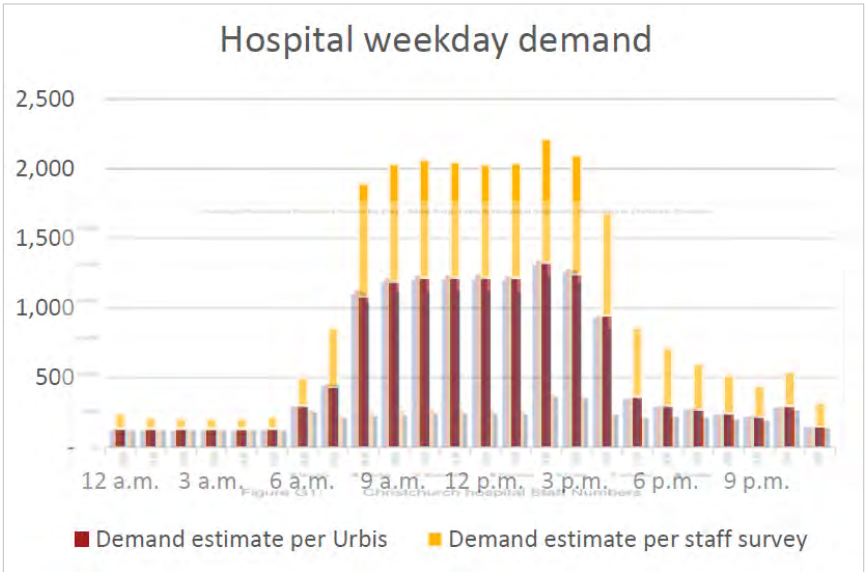

Figure 6-3: Overlay of DCL Parking Demand estimates vs Urbis Staff Data

6.5.7 Given the importance of the estimation of existing parking demands, we have undertaken a detailed review to check these, using recent and some new data from a variety of sources. This updated estimate is described more-fully below.

Staff Parking

6.5.8 In terms of staff parking, we have compared the March 2016 staff survey against other (2013 Census) data (see **Table 6.8**). Notwithstanding the high response rate for this type of survey, we believe that the results may, potentially, include some potential self-selection bias (and potentially understate the private vehicle travel demands as a consequence)[28].

[28] e.g. Updated roster analysis provided by CDHB (July 2017), covered in more detail below, suggests that Mon-Thurs rostered (only) max accumulation = c. 2,806 staff on Main Campus and this excludes an estimated 100 additional staff (e.g. around 55 SMO's,. 15 security staff and volunteers and 30 University Staff).. However, IF 21.9% of the (minimum) number present cycled, as suggested by the staff survey, then parking would be currently be observed for around 2,806 x 0.219= 615 cycles. This is not substantially different from existing supply (total of 570 secure and unsecure spaces exist across the wider Hospital site), **if** this operating at maximum capacity - with no room for visitors by cycle.

Main Means of Travel to Work	2013 Census[1]				CDHB Campus Travel Survey 2016[4]
	All People employed in Heathcare and Social Assistance[2.]		All people that work in Hagley Park CAU[3.]		
	% Total	% Travelling	% Total	% Travelling	% Travelling
Work at Home/Did not Work	20.5%		16.4%		
Drive a Car	60.9%	76.6%	54.3%	65.0%	62.4%
Car Passenger	2.5%	3.1%	3.6%	4.4%	3.2%
Cycle	7.0%	8.8%	12.2%	14.6%	21.9%
Walk or Jog	4.5%	5.6%	5.5%	6.5%	4.4%
Bus	3.4%	4.3%	6.0%	7.2%	5.7%
Other (including M/C/scooter)	1.3%	1.6%	1.9%	2.3%	2.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

[1] Note that Pre-quake (2006) Census results were not notably different: The proportion cycling increased slightly in 2013, travel by foot and bus reduced slightly and travel by car remained unchanged.

[2] that are usually resident in Christchurch City: Total people stated = 18,264.

[3] this includes employment in ALL work types. Total people stated = 7,563.

[4.] March 2016? (Date tbc): 2034 responses (approx. 40% eligible). Note that 'carpooling' repondents have been distributed equally to 'Drive a Car and 'Car Passenger' for comparability with Census data.

Table 6.8: Comparison of Travel to Work Mode-Split Information

6.5.9 We suggest that, as the basis of *existing* parking demand estimation, although from 2013, it would be more appropriate and prudent to adopt the wider 'Census' values for all people that work in the Hagley Park Census Area Unit (i.e. 65% Car driver, as an average over all shifts, rather than the 60% adopted by DCL).

6.5.10 We have applied this assumption to updated and refined recent roster analysis provided by CDHB. The average weekday data is shown in Figure 6-4 below. It may be seen that the data has been collated in half-hourly rather than hourly periods and also disaggregated by shift (group) allocation. The data also includes some staff (e.g. Kitchen) activities only recently brought under the roster system. Further, the data shown is taken as the average of Monday-Thursday only, because the somewhat-atypical nature of Friday staffing slightly distorts (lowers) a Monday to Friday-based average.

6.5.11 The data presented is the total across all current Christchurch Hospital activities, including the recently-occupied Corporate Office but excluding (only) small sites in Montreal and Manchester Streets that are considered unlikely to contribute to parking demand around the immediate Campus.

6.5.12 This data confirms an accumulation of **3,138** (rostered) staff occurs across the Campus at the peak time (out of 3,697 staff on-site over the whole day (av. Monday-Thursday) this being somewhat higher than indicated by less-recent analyses by others.

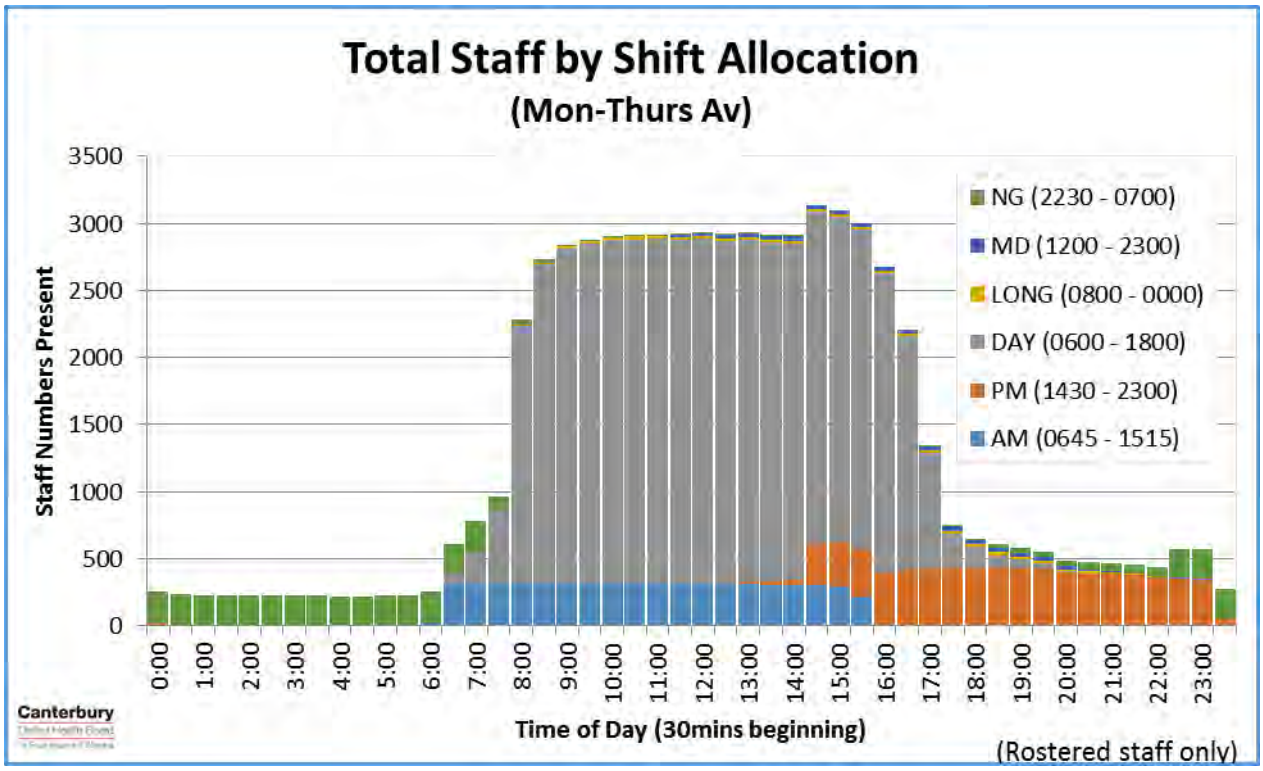

Figure 6-4: Updated Weekday Roster Analysis (July 2017)

6.5.13 The key points to note from the above figure are:

- The peak staff accumulation occurs in the period between 2:30pm-3:00pm and coincides with the changeover between morning and afternoon shifts, this being consistent with all previous analyses;
- However, staff working a more 'conventional' day (between 6am-6pm), comprise the vast majority (79%) of all staff present at this time.
- While there would, presumably, be very limited (or no) potential to reduce the peak parking demand 'spike' caused by *shift* staff demands during their required handover time, the total demands at this time might be mitigated, by reducing demand from staff within the 'grey area' above, e.g. via adoption of more-flexible working practices (e.g. '9-day fortnights', working from home, etc., - where this would not affect clinical outcomes.
- Total Staff finishing 'late' (10:30pm-midnight) comprise an average of around 480/day.

6.5.14 On a weekend, staff numbers are much lower, with some 400 (rostered) staff on site at peak (this being 12% of the average Monday-Thursday peak), albeit with total attendance of around 600 staff over the whole day. The profile of attendance is shown in Figure 6-5 overleaf.

6.5.15 The staff numbers finishing 'late' (10:30pm-midnight) on a weekend comprise an average of around 200/day.

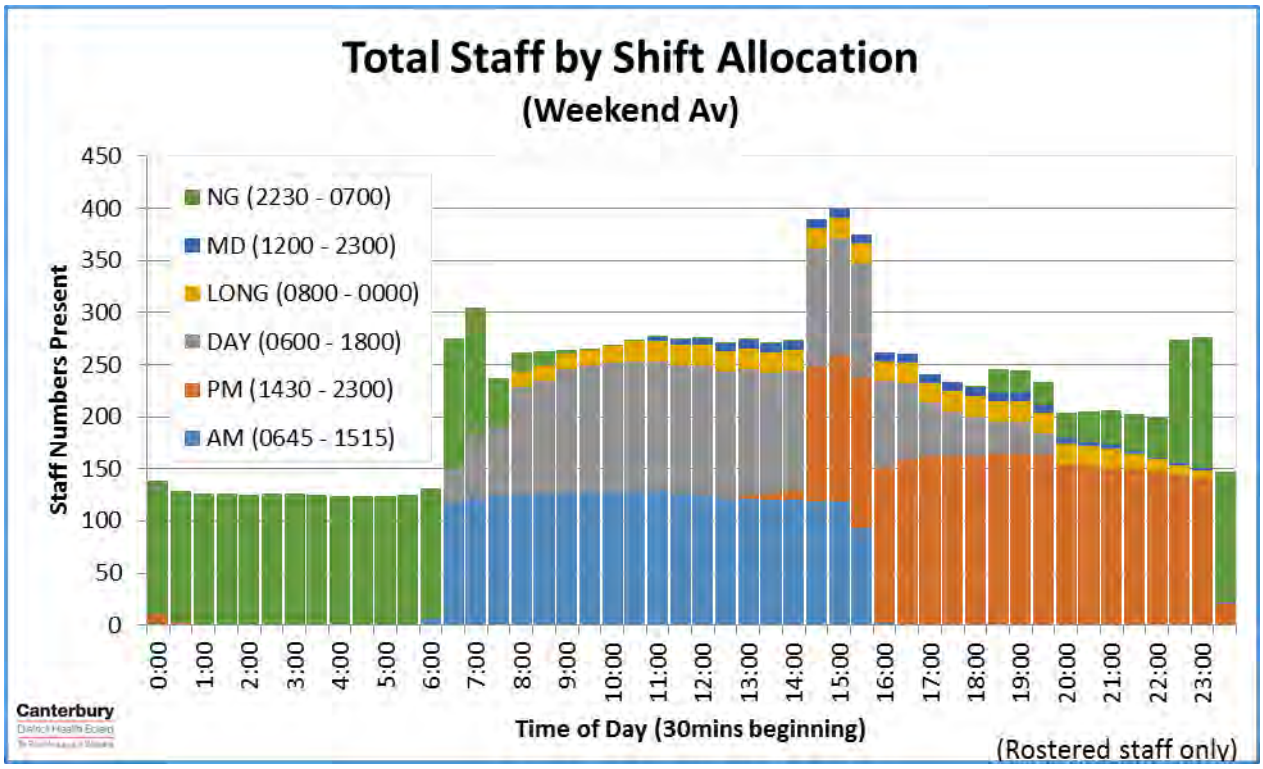

Figure 6-5: Updated Weekend Roster Analysis (July 2017)

6.5.16 In terms of 'mode-split' (or, more specifically, the proportion of staff driving cars) during the week, we consider it prudent to assume this is likely to vary somewhat by shift ('type'), with the following assumptions being chosen to ensure the calculated average across all staff accords with the 65% assumed as a (time-weighted) average for all staff across the whole weekday:

Assumed Car Driver % by Shift Allocation						
AM (0645 - 1515)	PM (1430 - 2300)	DAY (0600 - 1800)	LONG (0800 - 0000)	MD (1200 - 2300)	NG (2230 - 0700)	Total*
70%	75%	60%	85%	80%	90%	**65.1%**

Table 6-9: Assumed Staff Car Driver Mode-Split by Shift Allocation (Monday-Thursday)

6.5.17 Application of the above assumptions, together with additional allowance for staff not on the roster system would result in an estimate of existing total peak parking demand, shown in Figure 6-6, of **2,033** cars (excluding fleet vehicles) for staff working across the campus - representing 63% of those present at this time. For the purposes of considering an overall parking plan, we consider a rounded base estimate of demand for **2,050 staff spaces** as the existing staff requirement (including fleet vehicles) would be appropriate. (This compares to a figure of 1,590 implied by DCL as the 'staff demand' component of their 'Scenario B', obtained by applying a 60% factor to their assumption of 2,650 staff present at peak).

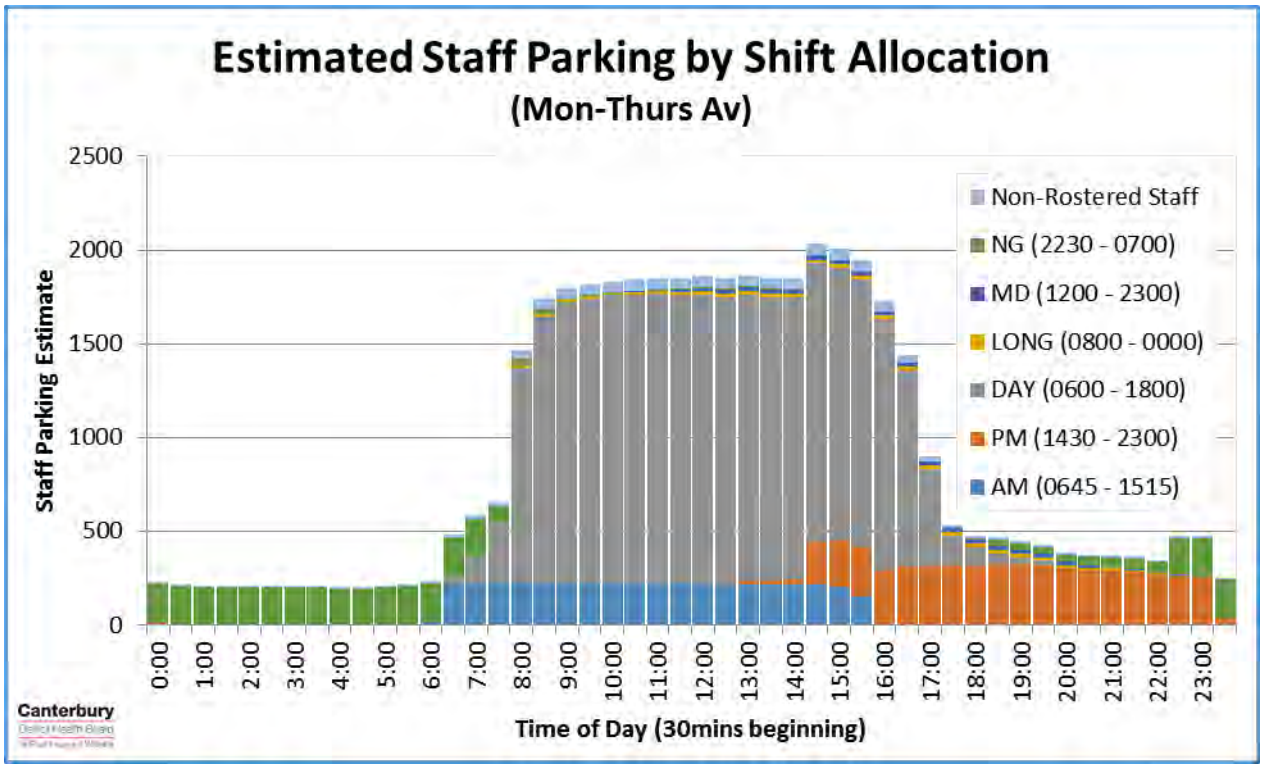

Figure 6-6: Updated Staff Weekday Parking Demand Assessment

6.5.18 We do consider our updated estimate of 2,050 spaces to be a 'realistic' figure for staff peak parking demand. However, it is also important to acknowledge the potential uncertainty that exists (as identified by others), which could mean that the 'true' figure may actually be higher - or indeed lower.

6.5.19 Previous studies have been informed by survey information from the Forth Valley Royal (**FVR**) Hospital in Stirling, Scotland. This is a very modern facility, first opened in 2010. It has 860 beds/day care spaces, 25 wards and 16 operating theatres, and with a similar range of ED, outpatient, diagnostic and research activities as at Christchurch Hospital, particularly on completion of the ASB and Outpatients building that are under construction. It also has the advantages as a source reference of being an edge-of-town site with effectively a single access (thus permitting isolation of car use) and has been significantly surveyed periodically since opening, the last (publicly-available) surveys being conducted in 2015.

6.5.20 In their 2015 surveys, that hospital generated around 12,700 vehicle movements per day, of which 10,150 were associated with car parking (the balance being service and drop-off/pick-up only trips). The hospital generated peak parking demand (at around 2:30pm) was around *1,000* staff and 800 patient/visitor cars.

6.5.21 Furthermore, the FVR surveys include an extensive interview regime for staff, patients and visitors (with an overall sample of 24% of pedestrians at all building entries, except for the ED). These surveys revealed a staff mode-split (as car driver) of 77.0%, as shown in Table 6-10 below:

Mode of Travel	Staff	Other[29]		
		Patients	Visitors	Total
Car Driver	77.0%	88.4%	89.3%	88.8%
Car Passenger	8.7%			
Bus/Train	10.4%	10.6%	8.4%	9.5%
Cycle	1.3%	0.4%	0.5%	0.4%
Walk	2.7%	0.6%	1.8%	1.2%
Other[30]	0.0%			
Total	100.0%	100.0%	100.0%	100.0%

Table 6-10: Weekday Mode of Travel at Forth Valley Royal Hospital, UK

6.5.22 Now as noted above, we consider that the overall existing car-driver mode split of staff at Christchurch is likely to be lower, at around 65%. Further, assuming similar staff/bed ratios but adjusting for a lower number of beds (667 compared to 860), *might* suggest that the expected (peak) staff parking requirement at Christchurch could therefore be as low as **655 spaces** [calculated as1,000 x 65/77 x 667/860].

6.5.23 However, we consider that even our 'base' estimate of around 2,000 spaces above may actually possibly err slightly on the 'low' side of the 'true' total staff car parking demand (at peak). This belief is founded on the observations we have recently undertaken on 5 weekdays between 6-7am, this period being chosen to precede the arrival of most local construction staff.

6.5.24 These observations suggest that the current unrestricted parking within 15 minutes' walk of the Hospital (observed to the south and west only) is currently almost entirely 'parked-out' at this time. The capacity of these is some 512 spaces, which, together with observations of the secure staff parking building occupancy (estimated to be around 50% full at the time) would mean that *no more* than around 70% of the observed unrestricted on-street parking demand could be hospital staff (or a very small number of other hospital users at this time), in order to provide a total of 570 spaces – this being around the *estimated* accumulation of staff demand at 7:00am (586 cars) shown in Figure 6-6.

6.5.25 Whilst some of the on-street parking (to the South of the Hospital, in Hagley Avenue, Waller Terrace and Stewart Streets) will, presumably, be residents and other non-hospital users, based on our observations of parking activity at this time, we consider that 70% use by hospital users may actually *underestimate* the true proportion of staff currently making use of the existing unrestricted parking in this locality, *at this time* – thus implying that the calculated accumulation shown in Figure 6-6 (at 7:00am) may actually be somewhat low[31].

[29] Car driver/passenger split not reported for patients and visitors

[30] Other modes would presumably include hospital transport and taxis but has not been reported for patients and visitors.

[31] For example, if instead 90% of the observed unrestricted parking is Hospital-related this would

6.5.26 Actual staff numbers at the FVR Hospital itself are, unfortunately, not available for comparison to Christchurch Hospital. It is known that the FV NHS had total employment of around 6,182 (5,200 FTE), compared to total CDHB staff of some 9,634 (of whom, as noted above, about 3,700 are rostered to work at, or immediately adjacent to Christchurch Hospital on a typical weekday). Other relevant available comparisons are provided in Table 6-11.

Measure	Christchurch Hospital(16/17[32])	FV NHS (15/16)	Ratio
Inpatient/Daycare Discharges	96,430	59,484	1.62
ED Attendance	97,580	80,699	1.21
OP Attendance	430,320	237,623[33]	1.81
Total	**624,330**	**377,806**	1.65
Population Served	543,820	300,000	1.81
Total Patient/Population Ratio	1.15	1.26	

Table 6-11: Comparison between Christchurch Hospital and NHS Forth Valley Statistics

6.6 If it is assumed that the FVR Hospital accounts for approximately 85% of the FV NHS patient activity (it's other facilities being apparently small), this would accord with an expectation of 'around double' the activity at Christchurch Hospital, compared to FVR[34].

6.6.1 Assuming a (rounded) range of car driver mode split between 60% (being the staff survey results without adjustment for potential misinterpretation between 'car-poolers' and 'car passengers') and 66%, would suggest a potential range only between 1,900-2,100 peak car parking demand however.

6.6.2 Given this fairly modest range is outweighed by the potential estimated range of visitor demand, described below, we consider that a working assumption of **2,050** staff (plus fleet) spaces is, however, appropriate to adopt as the existing base staff demand for all scenarios examined (later).

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imply a 7:00am parking accumulation of *at least* (because use of other off-street public sites, street parking to the north and west of Hagley Park was not counted) 672 cars, compared to the calculated 586 at 7:00am.

32 Christchurch Hospital 16/17 estimates are based upon projected trends between 12/13 and 15/16, being +2.0%p.a. (Inpatient discharges), +2.4% p.a. (Outpatient attendance) and +3.3%p.a. (ED attendance), the % being measured about 15/16. Also note that Christchurch Hospital is estimated to account for around 97% of all ED admissions, 79% of inpatient discharges and 62% of outpatient attendance activity across the whole CDHB.

33 Includes attendance at the Minor Injury Unit

34 Based on total estimated attendance 624,000/(377,000 x 0.85) = 1.9; based on population served 544,000/(300,000 x 0.85) = 2.1.

Patient/Visitor Parking

6.6.3 To the above estimated staff parking demand, the demand from other users (principally patients and visitors but also including visits on business by non-CDHB employees), must obviously be added. The latest-available FVR surveyed parking demand is shown in Figure 6-7, while the non-staff-only parking (i.e. patients and visitors) is shown in Figure 6-8.

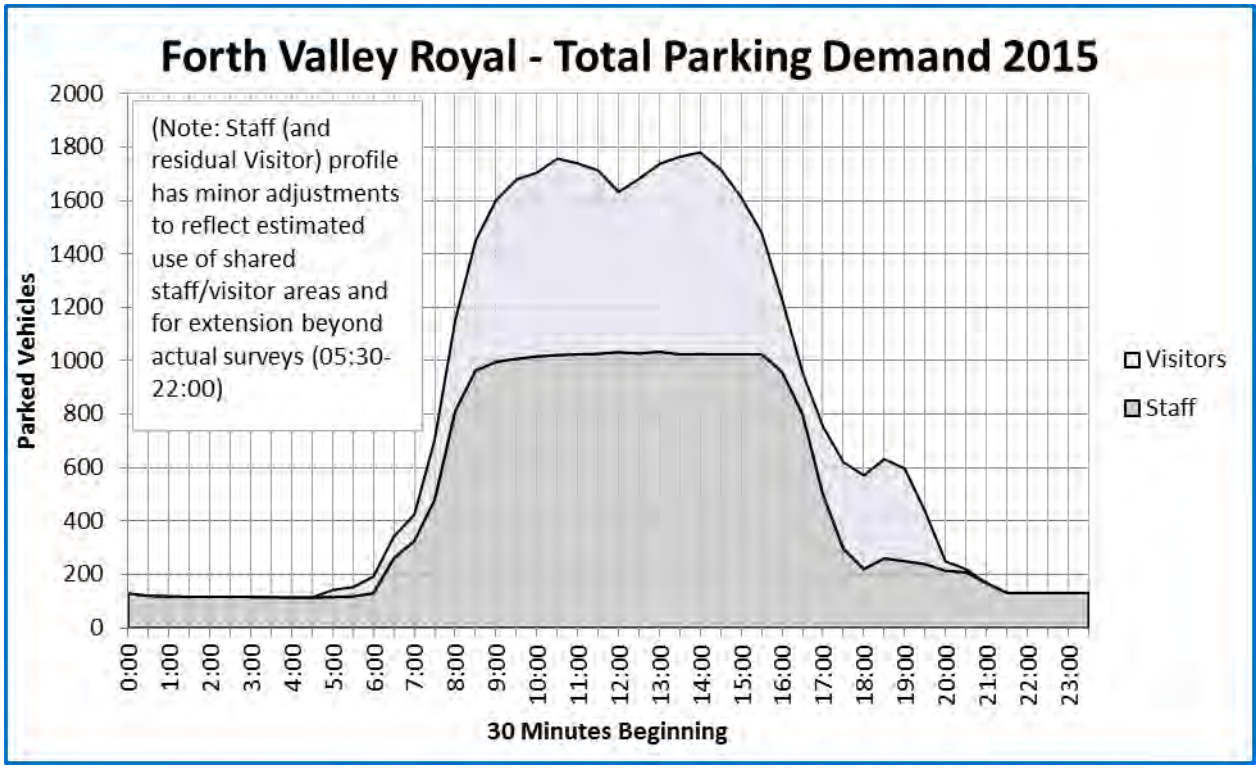

Figure 6-7: 2015 Forth Valley Royal Hospital Total Parking

6.6.4 Figure 6-7 shows 3 distinct demand peaks, being around 10:00am (when Outpatient attendance is high), around 2pm (when traditionally afternoon visits have commenced) and between 5:30-7pm.

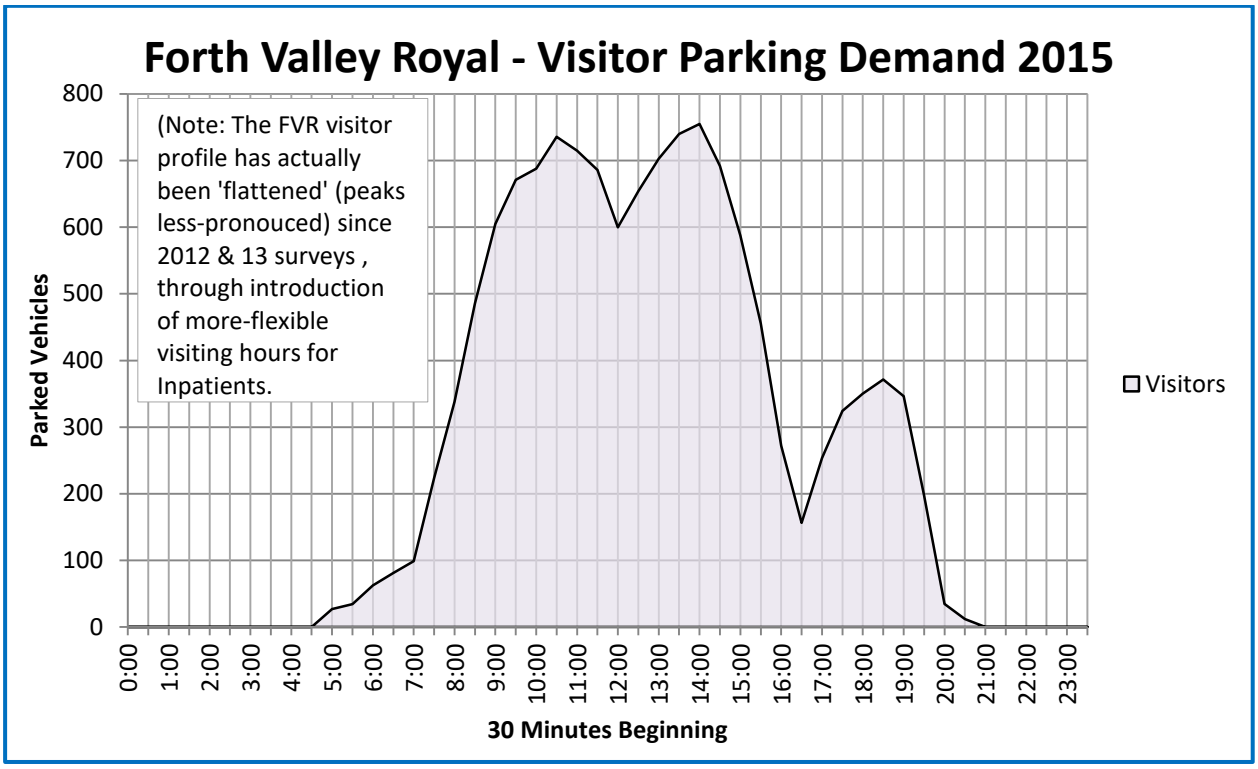

Figure 6-8: 2015 Forth Valley Royal Hospital Patient/Visitor Parking

6.6.5 Comparison of the 2015 FVR surveys below (noting that these are more recent than those previously used by others) to the estimated Christchurch staff parking profile shows a relatively-similar pattern of parking accumulation:

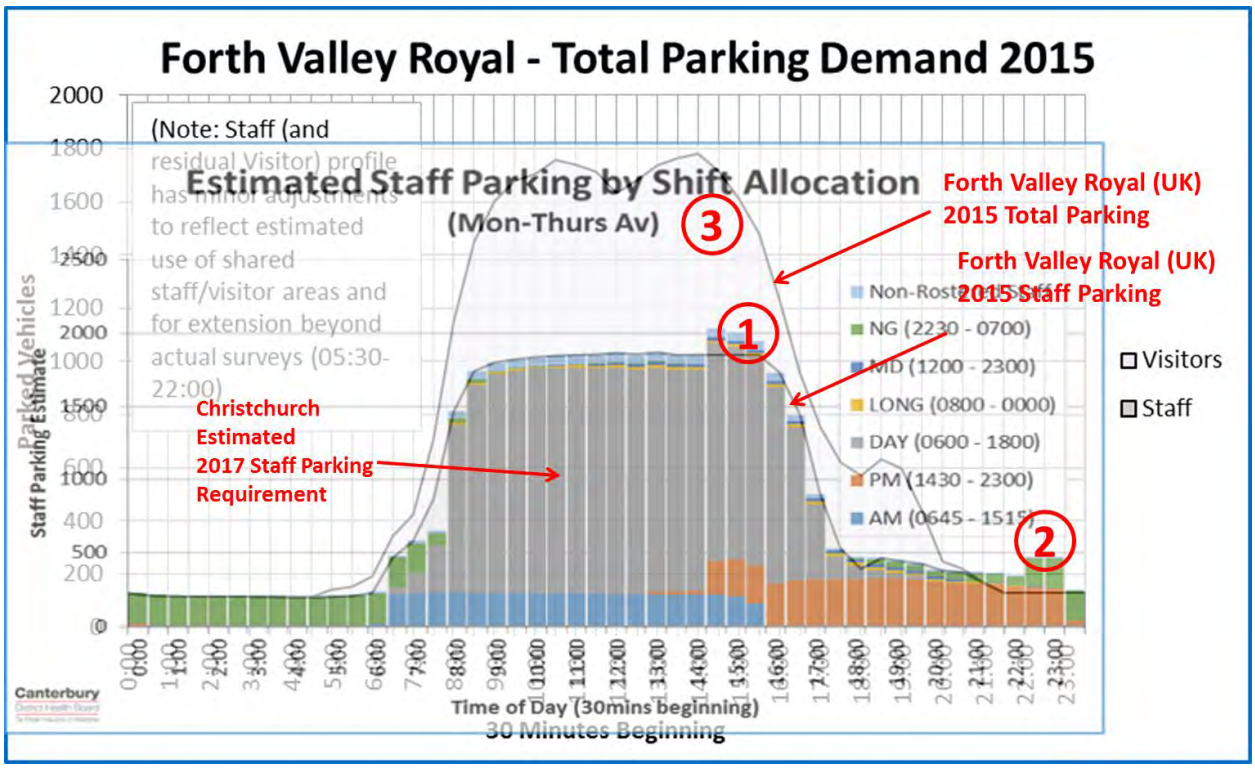

Figure 6-9: Overlay of Estimated Chch Hospital Staff Parking against 2015 Forth Valley Royal Surveys of Total Parking Demand

6.6.6 Other notable features of the above comparison are however:

- The estimated Christchurch *staff* demand profile peaks slightly above that observed at FVR, between 2:00-4:00pm (1); and 10:30-11:30pm (2)
- The difference between the two black lines represents the balance of FVR parking demand, attributed to patients and visitors. Clearly this represents a substantial addition to the overall (and specifically the afternoon peak) parking demands (3). The (smaller) morning visitor peak coincides with both the opening of in-patient visiting opportunities and the heaviest demand on outpatient services.
- Although not shown on either Figure 6-8 or Figure 6-9, it is also worth noting that the above 2015 FVR visitor profile has been 'flattened' somewhat compared to earlier surveys of that Hospital, by changes in parking provision and visitor management that have been implemented between 2012 and 2015 (in an attempt to better manage parking peaks). This has included the adoption of more-flexible visiting hours.
- 'Official' Christchurch In-patient visiting is presently between 11am - 1pm and 3pm - 8pm (although parents can visit children's wards at any time). This may suggest slightly different timings are likely compared to the FVR visitor profile shown in Figure 6-8, with arrivals just prior to 3pm likely to coincide with the shift-handover staff demand peak. However, given that overall patient/visitor numbers are likely to be driven more by outpatient attendance, we consider that it is appropriate to adopt the FVR patient/visitor profile pattern to inform estimates of likely demand at Christchurch Hospital (in the absence of better data).

6.6.7 There are some further differences between FVR and Christchurch Hospital that it is, however, prudent to take into account when using that data to estimate potential parking demand for visitors to Christchurch:

6.6.8 While similar in scale (860 beds at FVR vs. around 757 beds anticipated at Christchurch following completion of the ASB and what is understood to be 637 now), Table 6-11 shows that the NHS Forth Valley as a whole accommodates *significantly* fewer patient admissions and discharges than estimated (in 16/17) for the current Christchurch Hospital.

6.6.9 This suggests that it is prudent to apply a range of potential assumptions (yielding alternative scenarios) to develop an estimate of Christchurch Hospital Patient/Visitor needs.

6.6.10 The first scenario below represents a 'Base Estimate', this being the minimum number of parking spaces we consider likely to be demanded by current patients and visitors. This combines data both on annual attendance by type (IP, OP & ED), records of patient residential locations and assumptions regarding both group size and mode-share, that are considered likely to vary for each of these.

Residential Location	Type	Christchurch (ex Banks Peninula)	Adjacent Districts	Remainder Canterbury	Further Afield	Totals
Estimated 16/17 Annual patients (based on growth from 15/16)	IP	56,350	23,150	6,810	10,120	96,430
	OP*	251,450	103,290	30,410	45,170	430,320
	ED	72,980	17,110	3,050	4,440	97,580
	Total	380,780	143,550	40,270	59,730	624,330
Annual Visitors (assumed)	IP	314,140	103,230	15,200	11,290	443,860
	OP	188,580	103,290	30,410	22,580	344,860
	ED	145,960	17,110	3,050	4,440	170,560
	Total	648,680	223,630	48,660	38,310	959,280
Annual Group Visits (including Patients)	IP	171,870	61,120	12,390	14,270	259,650
	OP	251,450	103,290	30,410	45,170	430,320
	ED*	114,770	21,200	3,600	4,970	144,540
	Total	538,090	185,610	46,400	64,410	834,510
Annual Car Visits (including Patients)	IP	163,280	61,120	12,390	10,700	247,490
	OP	238,880	103,290	30,410	22,590	395,170
	ED*	109,030	21,200	3,420	4,720	138,370
	Total	511,190	185,610	46,220	38,010	781,030
Weekday Car Visits (including Patients)	IP	523	196	40	34	793
	OP	835	361	106	79	1,382
	ED*	323	63	10	14	409
	Total	1,681	620	156	127	2,584

Table 6-12: Estimate of Patient/Visitor Parking Demand (Origin of Base Estimate)

6.6.11 When combined with weekday staff visits of around 3,700/day and weekend staff visits of 600/day, the above assumptions suggest that on a typical weekday, the Hospital is likely to generate a total of around 8,800 visits/day by staff, patients and their visitors combined (by all modes). Visits for drop-off/pickup, service purposes and other (non-staff) hospital business activities are however additional to this.

6.6.12 The estimated weekday visits shown in Table 6-12 (noting that these represent one-way trips and will exclude drop-off activity) may be doubled to represent two-way daily trips and the maximum accumulation determined by application of an FVR-derived factor between observed daily visitor trips (by car, after removing estimated service trip activity) at that facility and the maximum visitor parking accumulation, being a factor of 10.9% (typical attendance by visitors being naturally, far shorter on average than for staff). This yields a Minimum estimate of current peak visitor car parking requirement of **562 car parking spaces**. This is also reasonably close to an estimate based only on factoring

relative IP/Daycare bed numbers (667/860) and applying this to 2015 FVR peak visitor parking (755) = 585 spaces, and suggests that a figure rounded to 550 spaces would be a reasonable minimum assumption.[35]

6.6.13 However, if the visitor numbers are assumed to be proportional to overall patient visits between the Christchurch Hospital and NHS Forth Valley, this could suggest a far higher number (1.65 per Table 6-11 x 755= 1,246, say **1,250** cars).

6.6.14 Thus our estimates of the existing peak parking demands may be summarised as follows (between 14:00-15:00, it will be noted that the visitor and staff peaks can be expected, given current policies, to be broadly coincident):

Users	Scenario		
	Low	Medium	High
Staff+Fleet	2,050	2,050	2,050
Patients/Visitors	550	900	1,250
Total	**2,600**	**2,950**	**3,300**

Table 6-13: Summary of Existing Peak Car Parking Requirements (2:30-3:00pm)

6.6.15 Based on bed numbers alone, the above estimates equate to demand for between 4.1-5.1 spaces/ bed, which is higher than that at other hospitals surveyed. For example, the 860-bed FVR demand is equivalent to 2.1 spaces/bed and the 337 Tauranga Hospital is understood to be around 3.41 spaces/bed. The reason for the differences, we believe, is that inpatient/day care activity at Christchurch Hospital forms a *relatively* small proportion of the overall throughput (and staffing demands) and Christchurch has significantly more outpatient/ED activity than these other facilities.

6.6.16 Our estimate of (a minimum) of 550 patient/visitor spaces as the existing demand may be compared to 'DCL's' January 2017 estimate. Although the latter doesn't state it, by working back from their Total Demand of 2,210 spaces (Scenario B) and subtracting the implied staff demand (1,590 spaces), it suggests that their estimate for patients & visitors was 620 spaces.

6.6.17 Although we would consider it a *significant* under-estimate of the true demand (as it is clearly inconsistent with rostered peak staff numbers and assumed mode split of 65% by car driver), and it is therefore not reflected in the above scenarios, if what we would consider to be the 'lowest-possible' staff demand of 655 spaces (2:30-3pm, para 6.5.23 above) *was* combined with our lowest estimate of peak patient demand of 550 spaces (2-2:30pm), the total (approximate) absolute minimum combined parking demand in the period 2-3pm would be around 1,200 spaces - which we note is similar to the estimate adopted for the MoH March 2017 Review.

[35] It is also notable that the adopted profile suggests a peak hour proportion of patient/visitor trips (11.3% of trips between 7am-9pm) which is very consistent indeed with the observed (Jan-Mar 2017 data) use of the park and ride shuttle, which peaks at 11.3% (1-2pm) and 11.2% (2-3pm) and declines thereafter (e.g. to 9.5% 3-4pm)

6.7 Park and Ride Use

6.7.1 The above estimates represent the totality of (existing) parking demand for the existing Hospital (only). This section looks at the how the current Park and Ride service contributes to accommodating some of this demand.

6.7.2 The existing shuttle is advertised as operating from 7am-9pm[36] with a 15-20 minute frequency. As shown by Figure 6-10 below, the average weekday use (according to January and March 2017 data provided) was 888 passengers/day - although this varied up to 1,385 transfers/day and recently does appear to be showing clear signs of growth.

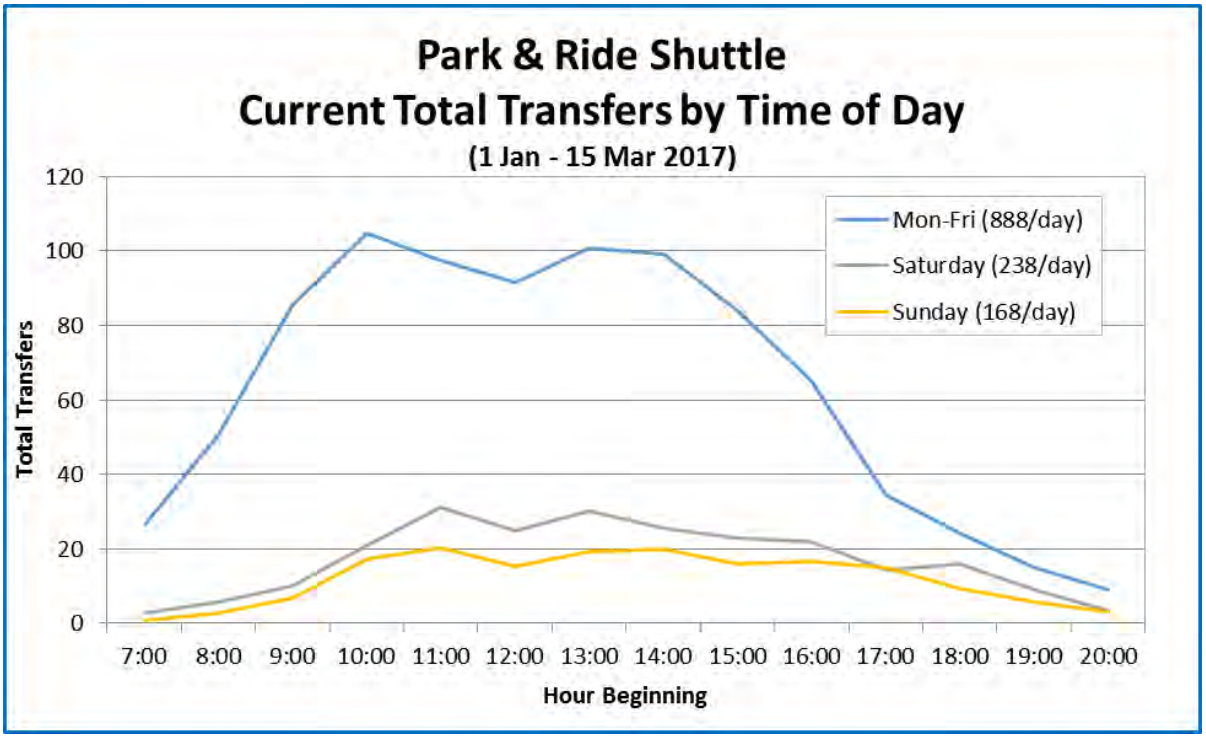

Figure 6-10: Existing Park & Ride Shuttle Use by Time of Day

6.7.3 Observations conducted by both others previously and by QTP suggest that the typical maximum weekday (parking) accumulation on the Old Sale Yards site is currently likely to be around 110 spaces – although reference to the variation in passenger transfer numbers suggests that at the peak of 'peak' days, this may rise to as high as about 200 cars.

6.7.4 It may be seen from Figure 6-10 that the *average* weekday peak transfers between 10-11am (over the January-March 2017 period for which data was made available), was 105/hr. Given that the existing shuttle seated capacity is 11 passengers in each of the 3 shuttles, this either suggests some passengers have to stand during this period and/or the headway must be lower than the 15-20 minutes stated on CDHB website, because at a 15 minute headway this means 8 transfers in both directions, 105/8=13 passengers/service) – and the maximum (rather than average) number of transfers recorded has actually been 184 passengers/hr.

[36] This time has recently been extended to cover early and late staff shift changes and now runs until midnight. Updated usage data is not yet available, although anecdotally it is reported as 'low'.

6.7.5 In fact potential headways look certainly capable of a more-frequent service (than advertised), even given the potential unreliability of the existing inbound route in the evening peak hour (which could be mitigated at such times by travelling to the Hospital via Moorhouse Avenue and Selwyn Streets).

6.7.6 The current demand for the existing service is estimated to comprise around 10-20% of patients and visitors[37]. Average patient/visitor off-peak driving distances to either the Old Sale Yards site or alternatively to, say, the site of the former Blue Parking building on Antigua Street, are estimated to be approximately equal, at 10.3km[38].

6.7.7 However, the attraction of the current Park and Ride offering and resulting uptake is likely to be limited currently by comparison due to several further factors, including the relative remoteness from the Hospital, as well as the current level of service. The time taken to wait for the shuttle (at advertised frequency) and travel would typically add around 20 minutes, each way, compared to the (potential) alternative parking location. While costs may be expected to be lower (currently $5/day) compared to the cost of paid parking close by, if the latter is (or was to be) available, when the total 'generalised cost' is considered, the Park and Ride service does not currently make an attractive offering.

6.7.8 This could, for example, be improved by a combination of increased frequency (no more than 10 minutes headway), reduced cost and improvements to the surface and perceived security of the Park and Ride site, both of which are currently poor[39].

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37 Expected yr 16/17 (2-way) transfers=271,300, implies c.135,000 1-way trips out of an estimated total of 1.58m patients & visitors p.a, (8.5%) but 110 cars observed at peak could represent up to 20%, *if* the peak requirement for all patients and visitors is around the minimum 550 estimated above.

38 These estimates are based on analysis using the Council's CAST transport model, but only use the 80% of patient residential locations that lie within the UDS, this being the area represented by the transport model.

39 A simple generalised cost model with a base of 10% P&R use suggests that with a reduction to 10 minute headways and cost to $4/day (effectively $2 each way), Park and Ride transfers might be increased by around 120% (to 22%). Of course the increased frequency would increase fleet requirement (to 5 shuttles) and thus operating costs, partially offset by increase in revenue, such that net costs may increase from around $300,000p.a., to $360,000p.a. However, if the cost of providing the same amount of additional (peak) parking capacity potentially attracted to the Park and Ride site at a multi-storey facility was taken into account, the latter could require an estimated net subsidy requirement estimated to be around $750,000 p.a. (per the 240 spaces potentially saved).

6.8 How Existing Overall Parking Demands Are Estimated to be Met

6.8.1 The most-recent preceding assessment by others (March 2017) is provided on the final page of **Appendix A** within this report. This assessment is based on an estimated total peak parking demand for 1,575 spaces and estimated (effective) supply of 1,105 spaces, suggesting that demand for a further 470 spaces is being met, by implication 'elsewhere', in addition to the assumed level of (local) on-street parking. However, as noted in our commentary within Appendix A, this assessment was also heavily-predicated on an assumption that the existing peak demand for (the bulk of) Hospital users was (and still is) around 1,200 spaces.

6.8.2 Because the updated assessment we have prepared above has revised this estimate, to a *minimum* of 2,600 spaces (including allowance for fleet vehicles only), clearly a significant proportion of this must be accommodated by alternative supply.

6.8.3 Our estimates for how the demand is accommodated are tabulated overleaf (noting that this is for our 'Low Base' estimate only, which is based on our view of the minimum estimated Visitor Requirement), For this table, we have adopted a similar format as the most-recent assessments by others.

6.8.4 When nominal values are adopted for Construction workforce use, this indicates a total peak demand of 2,750 spaces (compared to the previous 1,575 above). Taking into account updated estimates for both on-street and off-street supply described earlier, this suggests that at the peak time, it is estimated that a *minimum* of 1,568 Hospital User vehicles must be being accommodated on sites other than those under the control of CDHB (including use of on-street parking).

6.8.5 The estimation of the *future* potential parking demands and how these may be met, in the face of both alternative estimates of existing demand and future growth projections, is covered in the following sections.

			Scenario 1= Existing Situation (Low Demand Estimate)	
		Design years (based on a 2pm daily frequency)	Existing	Notes
			2017	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	
	2	Hospital Visitors	**550**	
	3	Registrars and surgeons etc	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	
	5	Fleet vehicle storage (nominal values)	25	
	6	On-street construction worker parking (nominal values)	150	
	7	**Design demand**	**2750**	
Hospital parking supply	8	Existing main campus supply	92	
	9	ASB LG parking level supply	0	
	10	ASB ground parking level supply	0	
	11	Staff parking building supply	423	
	12	Balance of St Asaph Street campus	83	
	13	Afternoon staff car park	253	
	14	Saleyards	120	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	
	19	Assumed occupancy	95%	
	20	**Available Supply**	**1182**	
	21	**Balance to find**	**1568**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	
	23	Assumed occupancy	100%	
	24	**Available Supply**	**1068**	
	25	**Balance to find**	**500**	
Public Off-Steet	26	Off-Street Public Facilities	500	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st.
	27	Assumed occupancy	100%	
	28	**Available Supply**	**500**	
	29	**Balance to find**	**0**	
MSF	30	Metro Sports demand at 2pm	0	
	31	Assumed occupancy	95%	
	32	Metro equivalent demand	0	
	33	**Available Supply for Hospital Users**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**0**	

Table 6-14: Assessment of Existing Demand & Supply (Low Base Demand Estimates)

7 Future Transport and Parking Demands

7.1 Introduction

7.1.1 Previous studies have looked at a potential range of scenarios for future growth in demands at Christchurch Hospital. The ASB Construction ITA (October 2015), for example looked at the following:

- Option 1 – Parking Required by the Historic City Plan, which suggested the total parking space demand may increase from 1,380 spaces to 1,645 spaces;
- Option 2 –Evaluation of Parking Occupancy across the Hospital Campus, which suggested the total parking space demand may increase from 1,200 spaces to 1,585 spaces;
- Option 3 – A Bed Numbers Demand Assessment based on Good Friday 2013 Survey Data, which suggested the total parking space demand may increase from 1,200 spaces to 1,429 spaces;
- Option 4 – A Gross Floor Area Demand Assessment based on Good Friday 2013 Survey Data, which suggested the total parking space demand may increase from 1,200 spaces to 1,524 spaces;
- Option 5 – Reference to the Urban Development Strategy Rapid Population Growth Rate, which adopted an assumed 1.5% growth rate from 2011, suggesting potential growth in total parking space demand of 30% by 2031 and thus increase from 1,200 spaces (assumed as 2011 demand) to 1,560 spaces by 2031;
- Option 6 – A CDHB 1.5% Compounding Annual Demand Growth approach, with additional assumptions for mode-share change, which suggested the total parking space demand may increase from 1,012 spaces to 1,568 spaces; and
- Option 7 – Comparison with Parking Demand Data from Similar Facilities Elsewhere (FVR 2012 survey data), which suggested the total parking space demand may increase from 1,229 spaces to 1,461spaces;
- We have used the range of these estimates

7.1.2 The population growth assumptions adopted for Option 5 above originally stem from assumptions for UDS partners made shortly after the Canterbury earthquakes (in 2012). They have since been superseded by subsequent projections based on a 2014 CCC growth model (using the 2013 Census population as a base). The later projections suggested a (UDS) growth in residential population of +17% between 2013 and 2031 (+13.4% between 2016 and 2031).

7.1.3 However, recent work (December 2016) by Statistics NZ now suggests that the population of Christchurch and surrounding districts has been and is likely to continue to rise at a higher rate that projected earlier. These estimates have yet to be incorporated in 'official' forecasts for the greater Christchurch (UDS) area only (which does not include the full areas of Waimakariri, Selwyn and the former Banks Peninsula Districts), but indicative assumptions suggest growth of around +21.7% from the 2016 population may now be expected to occur by 2031 (around 10 years ahead of previous forecasts). This is a similar ratio to the anticipated increase in inpatient/daycare beds (+19.2%) following

completion of the ASB.

7.1.4 In order to reflect a revised range of potential growth scenarios in parking demand to 2031, we have combined the range of the above updated *population* estimates from 2016 (a minimum of +13.4% up to a maximum of +21.7%), with the following assumptions over the potential range of *mode-split* change that might be achievable - the latter given a concerted approach to complementary travel-demand (including parking) policies.

Mode of Travel	Staff		Patient & Visitors (By group)	
	Current	Potential 2031 Target	Current	Potential 2031 Target
Drive a Car	65.0%	50.0%	49.3%	45.0%
Car Passenger	5.0%	15.0%	44.9%	46.3%
Cycle	15.0%	19.0%	1.5%	2.3%
Walk or Jog	6.0%	6.0%	1.3%	2.0%
Bus	7.0%	8.0%	2.0%	3.0%
Other (including M/C/scooter)	2.0%	2.0%	1.0%	1.5%
Total	100.0%	100.0%	100.0%	100.0%

Table 7-1: Existing Hospital Mode Split and Potential Targets with Travel Demand Management

7.1.5 It may be noted that the 'current' estimates for total patient and visitor access by car, at just over 94% have been determined by considering patient residential location and aligning to overall known patient and assumed visitor numbers. However, not *all* car-borne visitors might be expected to require a car park as a separate trip, e.g. inpatient visitors that have already travelled to the Central City for other purposes and may visit during the day by walking. Thus the above numbers should be treated as the mode of their original trip - not necessarily how they may arrive at the Hospital itself.

7.2 Adopted Growth Scenarios

7.2.1 Applying the above assumptions to our revised 'base' (2016) estimates of parking demand, the following growth scenarios are presented (values being rounded to the nearest 10 spaces). These scenarios are summarised graphically in Figure 7-1 (overleaf).

Basis of Future Scenario	User Group	Range of 2016 Demand Estimates		
		Low	Medium	High
Existing	Staff+Fleet	2,050	2,050	2,050
	Visitors	550	900	1,250
	Total	**2,600**	**2,950**	**3,300**
2031 (Low Growth-No Mode Change)	Staff	2,320	2,320	2,320
	Visitors	620	1,020	1,420
	Total	**2,940**	**3,340**	**3,740**
2031(High Growth-No Mode Change)	Staff	2,490	2,490	2,490
	Visitors	670	1,100	1,520
	Total	**3,160**	**3,590**	**4,010**
2031 (Low Growth-Target Mode Change)	Staff	1,790	1,790	1,790
	Visitors	570	930	1,290
	Total	**2,360**	**2,720**	**3,080**
2031(High Growth-Target Mode Change)	Staff	1,920	1,920	1,920
	Visitors	610	1,000	1,390
	Total	**2,530**	**2,920**	**3,310**

Table 7-2: Maximum Parking Demand Estimates Under Alternative Scenarios[40]

[40] Note that these are subsequently further amended to reflect desirable service levels (occupancy factor) for each group

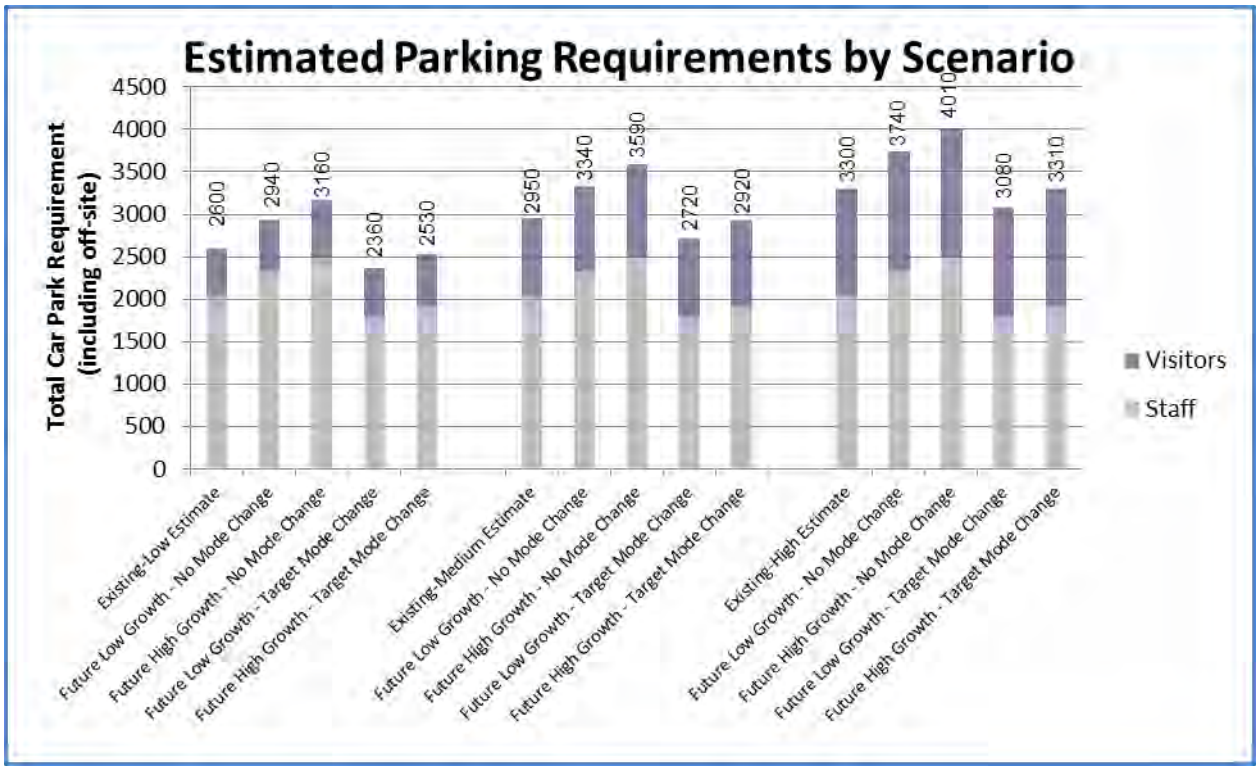

Figure 7-1: Summary of Hospital-Only Parking Scenario Requirements

7.2.2 Whilst the inherent uncertainty suggested by the range of forecasts will be apparent (Given total existing demand estimates that range from 2,600 spaces to 3,300 spaces), so too will the potential benefits of supporting travel demand-management: If the (suggested) target mode share changes could be effected, then this would serve to reduce overall parking demands compared to those existing today - despite the potential growth in demand by patients and visitors for Hospital facilities.

7.2.3 Changes in potential staff parking demand must, however, be acknowledged as being even less certain that patient demand, because the potential for long-term efficiencies in care delivery is uncertain (to the authors) i.e. staff numbers and resulting parking demands *may* not rise in direct proportion to accommodate potential growth in patient numbers and has not been assumed for the purpose of the above estimates.

7.3 Proposed HREF Parking Demands

7.3.1 The above estimates relate only to the demands from the Hospital itself (including the St Asaph campus, new Outpatients Building and Corporate offices).

7.3.2 Other developments, both 'known' and 'unknown', have the potential to increase parking demand in the area.

7.3.3 One of the 'known' developments is the HREF, presently under construction on the north-east corner of the Antigua/Tuam intersection. The floor area of this facility is understood to be around 10,000m^2 GFA. The facility will have 2 carparks on site (one standard and one mobility space[41]) and around 160 bike parks.

41 This is likely to be insufficient to meet the facility needs, given that Ara has at least one staff member who is disabled.

7.3.4 The CDHB have advised that there is quite a complicated situation around whether these building users represent new or additional parking demand in the health precinct. Most CDHB staff that will be based in the building will already work on campus (and thus be accounted for in the staff parking demand estimates made above). Ara teaching staff are however likely to represent new demand to the area. Likewise, some students will already be on the hospital campus, but some will be new demand and training events and UC components can also be expected to generate new demand.

7.3.5 The total maximum (fire-rated) design occupancy (Grd-6th floor) is understood to be 2,385 occupants[42]. The fire-rated capacity is however, considered unlikely to reflect regular occupancy (given that 10,000sqm/2,385 represents 4.2m^2/occupant).

7.3.6 However, even if assumed to be only *one-third* of this, it would suggest regular occupancy of 'around' 800 people might be expected. Assuming cycle use increases to say 12%, bus use remains high at 15%, walk use increases to 8% and a significant rise in car-sharing (to 23%) by students and staff, this would still suggest that around 40% occupants present at peak times might be expected to be a car driver (and thus the same proportion requiring a parking space).

7.3.7 This is considered fairly 'optimistic', as the current-mode surveys below (which also give some indication of the propensity to change mode) are based only upon student responses.

7.3.8 We thus estimate an absolute *minimum* additional demand of around **250 car parking spaces**[43] will be generated by this facility. This may be compared to an adopted demand estimate of 100 parking spaces adopted in previous (Urbis/DCL) studies.

Mode	Current	Potential Target
Drive a Car	62.6%	40.4%
Car Passenger	11.7%	23.1%
Cycle	4.2%	11.6%
Walk or Jog	4.2%	7.5%
Bus	15.3%	15.4%
Other (including M/C/scooter)	2.0%	2.0%
Total	100.0%	100.0%

Table 7-3: Ara Department of Nursing, Midwifery and Allied Health students: Current and Potential Mode Share assumed for HREF

42 The top floor (1500m^2) is not leased by HREF and occupation (by UC?) is therefore presently uncertain.

43 For the sake of this estimate we have adopted an assumption that there may be 1 staff member per 10 students and that 50% of staff & 20% of students will have already been accounted for in parking estimates for the Hospital. We have then applied the 'potential target' car driver mode split to both 'new' students *and* staff.

7.4 Potential Metro Sport Facility Overflow

7.4.1 The degree and potential frequency of this, and the 'competition' it may engender between current (Hospital) users of on-street parking in particular, are at present uncertain.

7.4.2 We note from DCL's report that 'CCC considers that an acceptable parking supply would provide for peak demand up to the 75th percentile, which equates to approximately 650 parks', figures which appear consistent with DCL's interpretation that the 550 spaces now proposed 'could be sufficient parking during peak hours approximately 60% of the time'.

7.4.3 However, we suggest that this conclusion may possibly be founded on a misinterpretation of the adopted trip-rate origins by DCL and/or Ōtākaro's consultants: Our understanding is that the '85%ile' level of demand cited has its origins in a variation of surveyed values (from a UK (TRICS) database) – but that this statistical measure reflects a (limited) range of surveyed values regarding the *absolute* peak level of observed demand at facilities considered 'similar'. In other words, it may be more-appropriately interpreted as 'there is 35% chance that the (50^{th} %ile) demand estimates adopted may be exceeded', *not* as the potential for variation based on the proportion *of time* a particular demand threshold is exceeded at each or even all (on average) of the surveyed facilities.

7.4.4 Notwithstanding this and the acknowledged level of uncertainty that will, naturally, currently exist regarding the actual level of parking demand that the MSF will ultimately generate (given it's rather unique location and features), more pertinent to the Hospital is whether there *is* likely to be any significant MSF overflow at times when demand by Hospital users is greatest.

7.4.5 In this respect, we do not consider there to be a significant risk, given the anticipated regular weekday MSF peak is likely to occur between 5:30-8pm - when demand by Hospital users declines significantly. So, even if MSF parking overflow does occur, at the times this is most likely to happen, it should not (generally) conflict with Hospital users, except perhaps during occasional major events that may be held in the daytime.

8 How Future Parking Demands May be Met

8.1 As noted previously, we consider that the existing parking supply is not meeting desirable outcomes for Hospital access, either for Staff or Visitors.

8.2 We have considered the alternative future scenarios for the Hospital Demand (presented in Figure 7-1 and Table 7-2 above) and HREF together with our updated estimates of future (base) supply. This suggests that (the maximum) parking previously identified as 'sustainable' by the CCC October 2016 network assessment (conducted by QTP), being a total of around 1,400 spaces on both the St Asaph St Campus and east of Antigua Street (and spread equally between the two), is likely to form a baseline for additional provision.

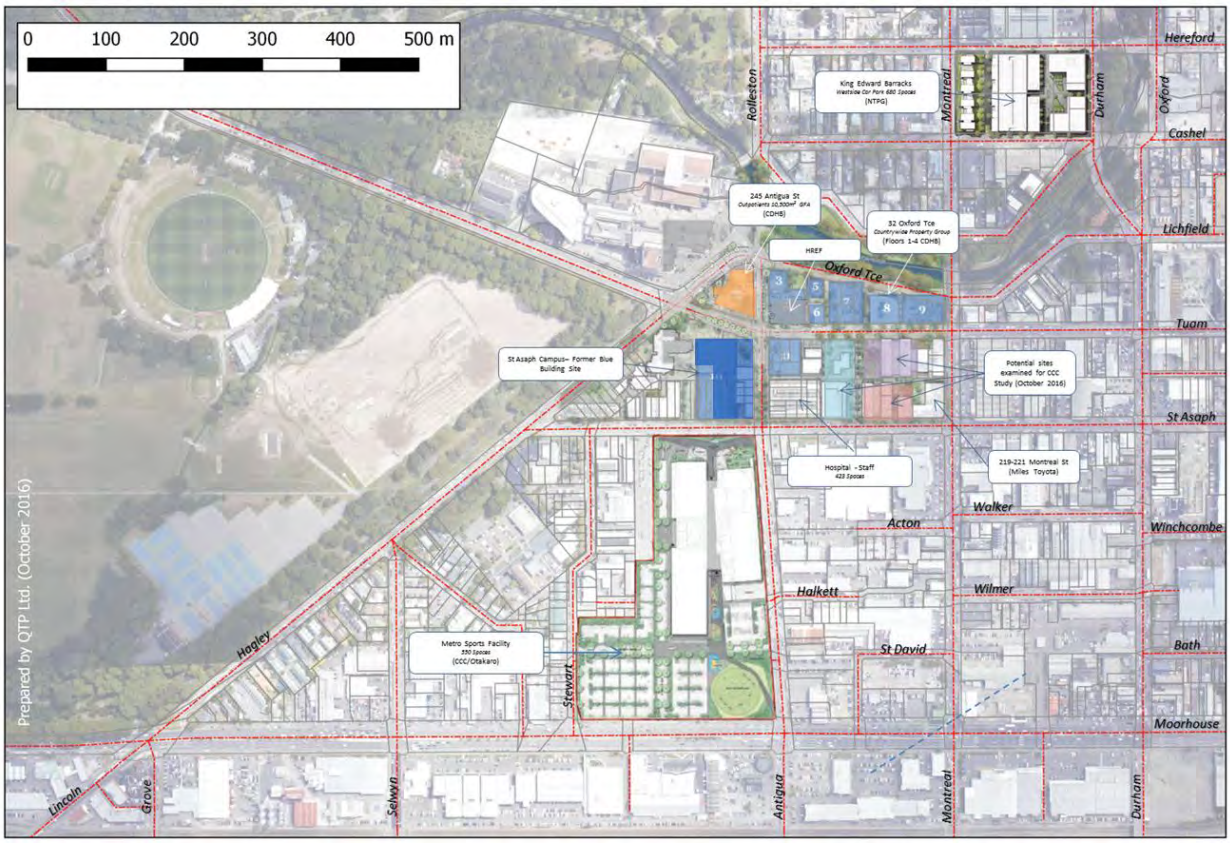

Figure 8-1: Locations of Potential Additional Parking Provision

8.3 An example of this consideration is presented in Table 8-1 overleaf. This demonstrates that, under the assumptions behind this scenario (being our lowest estimate of the existing demand, no future mode-change but low growth) there is likely to be an increase in the long-term shortfall of effective parking supply for Hospital users (at 2031). This is, literally, the 'bottom-line' of the table, where it shows an (increased) shortfall to 137 more than currently. Of course, with an additional 1,400 spaces assumed in total in closer proximity to the Hospital this would, of course, represent a very significant increase in the Level-of-Service, compared to the existing situation, given the higher proximity to the Hospital.

8.4 Whether this would be fully-utilised however, would depend, of course, on detailed management matters (including pricing), that are beyond the scope of this relatively coarse investigation and further investigation will be required of such financial matters.

8.5 Both this table and indeed 11 others (reflecting the other various combinations of assumptions - and uncertainty - about potential parking demand), are provided within **Appendix B**. It is noted that for the purposes of a comparative exercise, all the scenarios (presented here) have been predicated on the same basis, being the provision of an additional 1,400 spaces close to the Hospital.

8.6 The 'bottom-line' (being the wider-area Shortfall) of all the scenarios examined is compared below in Table 8-2.

8.7 It is important to note when reading this table that the interpretation of 'reduced LoS' relates more to the overall capacity to accommodate Hospital Parking Demand within the wider area – and relativity between scenarios: Again, if 1,400 additional spaces were to be provided in close proximity to the Hospital, as assumed for the comparison, this would represent a significant (potential) improvement in the Level of Service to Hospital Users (depending on pricing).

		Future Scenario	Scenario 2A= Low Base, No Mode Change, Low Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**2295**	
	2	Hospital Visitors	**550**	**620**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**2750**	**3190**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**1568**	**1104**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**500**	**374**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**0**	**137**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**0**	**137**	

Table 8-1: Assessment of Future Demand & Supply (Low Base, No Mode Change, Low Growth Estimates)

Scenario	Area Shortfall			Interpretation (see important note)
	2017	2031	Change	
Scenario 2A= Low Base, No Mode Change, Low Growth Estimates	0	137	137	Lower risk for reduced LOS, with 1400 additional spaces
Scenario 2B=Medium Base, No Mode Change, Low Growth Estimates	350	537	187	Lower risk for reduced LOS, with 1400 additional spaces
Scenario 2C=High Base, No Mode Change, Low Growth Estimates	700	937	237	Medium risk of degraded LOS, even with 1400 additional spaces
Scenario 3A= Low Base, No Mode Change, High Growth Estimates	0	357	357	Medium risk of degraded LOS, even with 1400 additional spaces
Scenario 3A= Medium Base, No Mode Change, High Growth Estimates	350	787	437	High risk of degraded LOS, even with 1400 additional spaces
Scenario 3A= High Base, No Mode Change, High Growth Estimates	700	1,207	507	High risk of degraded LOS, even with 1400 additional spaces
Scenario 4A= Low Base, Target Mode Change, Low Growth Estimates	0	-443	-444	Improved LOS with 1400 spaces or potentially provide only c. 950 in total
Scenario 4B= Medium Base, Target Mode Change, Low Growth Estimates	350	-83	-434	Improved LOS with 1400 spaces or potentially provide only c.1300 in total
Scenario 4C= High Base, Target Mode Change, Low Growth Estimates	700	277	-424	Improved LOS with 1400 spaces but still short of ideal provision
Scenario 5A= Low Base, Target Mode Change, High Growth Estimates	0	-273	-274	Improved LOS with 1400 spaces - or potentially provide only c.1100 in total
Scenario 5B= Medium Base, Target Mode Change, High Growth Estimates	350	117	-234	Improved LOS with 1400 spaces but still short of ideal provision
Scenario 5C= High Base, Target Mode Change, High Growth Estimates	700	507	-194	Improved LOS with 1400 spaces but still short of ideal provision

Table 8-2: Comparison of Wider-area Parking Shortfall Under Alternative Future Demand Scenarios

9 Key Conclusions and Recommendations

9.1 Strategic Framework

9.1.1 The Board should consider finalisation and adoption of a Long-term Hospital Transport Strategy (rather than simply a Parking Strategy or Plan), to assist their consultation with the key agencies and stakeholders, and ultimately work together to achieve desired (and shared) outcomes for Hospital access.

9.1.2 The draft Vision recommended for Board consideration and approval is that:

"**Christchurch Hospital will be viewed as accessible by patients, visitors and staff and the transport needs of each of these groups are met by a range of safe and attractive transport choices**".

9.1.3 The adopted Vision should be supported within the finalised Strategy by clear definition of the Strategy's purpose, goals and principles, as well as identification of key responsibilities, key targets, priorities and actions. Suggestions for each of these are provided within Section 3 of this report.

9.2 Hospital Travel Plan

9.2.1 The Strategy should ultimately be supported by a Hospital Travel Plan, this being a key implementation mechanism for the Strategy.

9.2.2 Irrespective of decisions ultimately made on potential additional car parking provision, a focus on measures to promote increased car-sharing, public transport, cycling and pedestrian access by Hospital staff, patients and visitors is likely to yield dividends, not least in terms of minimising the risk that the available car parking supply will be insufficient to meet Hospital user needs.

9.2.3 The promotion of such measures to reduce single-occupant car use will require effort to both implement and sustain and we recommend a dedicated Travel Plan Coordinator role be created by the CDHB to do this.

9.2.4 Measures which should be considered include:

- Adoption of more-flexible employment practices for 'regular hours' staff, as this could help reduce the afternoon peak parking demands, which occur during the necessary shift-staff handover.
- Flexibility of visitor times to reduce peak parking demands ahead of the start of the (currently-advertised 'official') afternoon visiting times (from 3pm), as this is also partly coincident with peak staff-parking demand at morning and afternoon shift-handover (2:15-3:15pm), with respect to use of available public parking spaces;
- Incentivise staff to reduce single-occupant car driver trips through:
    - Car-Pooling (e.g. pool organisation, preferential space allocation and reduced fees);
    - Bus use (e.g. subsidy for Metrocard use)
    - Cycle-use (e.g. ensure attractive parking and end-of-trip facilities, the latter including adequate shower capacity, lockers and drying facilities)

9.2.5 The development and implementation of the Travel Plan would benefit from additional (and on-going) surveys including market research of Hospital users (and patients and visitors in particular), to confirm:

- existing and potential mode-shares;
- existing and preferred parking locations (where applicable);
- access needs and priorities;
- degree of satisfaction with access experience (to complement the current 'Patient Experience' surveys which focus on satisfaction with clinical matters);
- willingness-to-pay for added value improvements; and
- monitor progress towards targets.

9.3 Car Parking Demand and Supply

9.3.1 We have concluded that previous estimates for the existing total car parking demand of Hospital users are likely to have understated the true level of demand.

9.3.2 Much of the demand (particularly for staff) is presently met by on-street capacity, along with temporary supply arrangements through facilities leased by the CDHB. These leased facilities also include the Sale Yards Park and Ride site, which is estimated to be used, at present, by a relatively small proportion of (predominantly) patients and visitors.

9.3.3 If the suggested potential mode-share targets can be achieved, this could reduce the long-term Hospital Parking total car parking demand (by 2031) to below existing levels, even given potential growth in overall hospital use.

9.3.4 However, the current (and previously-anticipated) parking supply that serves the Hospital will likely be reduced in the long-term, by a combination of:

- Expiry of current leases on temporary facilities for Staff Parking and the Park and Ride site;
- Redevelopment in the wider area which can be expected to reduce the supply of (at-grade) temporary car-parking that is presently-used by some staff and visitors;
- Potential reductions in the present supply of on-street parking, both in close proximity to the Hospital (as a result of AAC and other planned network improvements) and in the presently-unrestricted on-street parking further afield used by some staff; and
- Recent discussions with the MSF operator, which have confirmed that management of that facility, will be focussed on serving the needs of bona-fide visitors and there should now be no expectation of any dedicated capacity for Hospital users, at least at the times when it is most required.

9.4 The above potential reductions in supply, when coupled with the fact that the present level of demand (and supply) is not currently meeting desirable goals (outcomes) for Hospital staff and visitors, leads us to conclude that an increase in off-street parking supply in close-proximity to the Hospital, dedicated (primarily) to better meet Hospital user needs, would now be desirable and will be required in the long-term.

9.4.1 Given our revised (increased) minimum estimates for future parking demand at the Hospital and known developments at the surrounding Health Campus (including HREF), we recommend that the CDHB and partner agencies should work together to urgently investigate the viability of both a **700 space building within close proximity to the Main Hospital site (within 5-7min walk from the hospital centre) and a further 700 space building to the east of the Staff parking building** (the latter with access to both St Asaph and Tuam Streets).

9.4.2 The above recommendation is based upon an assumption that it is no longer feasible to consider meeting a reasonable proportion of anticipated visitor demand to the wider campus on the Hospital's Main site, which would clearly be a preferred location from both a user and network management perspective, if also complemented by greater provision to meet the needs of the eastern campus in that vicinity.

9.4.3 The above recommendation is however also in line with investigations by CCC on the capacity of the surrounding network to accommodate additional off-street parking capacity in the area.

9.4.4 However, even if the above additional supply is ultimately achieved, it is important to recognise that *all* potential parking needs of all Hospital staff and visitors may still not be met in the *immediate* area of the Hospital campus – particularly if continued growth in the use of Hospital services occurs and mode-share targets were not achieved. Thus some continued reliance is to be expected on more remote on and off-street parking sites.

9.4.5 Pending the outcome of further investigations and discussions, we recommend the CDHB should 'reserve' a more-viable area for a replacement 'Blue' Parking Building on the St Asaph campus (if this ultimately is a preferred site), as our understanding of the currently-planned space would be a relatively inefficient and therefore potentially increase costs per space.

9.4.6 Further, in terms of minimising risk, we recommend that the CDHB continue to hold the former Christchurch Women's Hospital site for potential use as a Park and Ride facility, until such time as the availability of adequate alternative (and more attractive) parking provision close to the Campus is certain – or the need for some 'next-best' alternative becomes clear. This site has the capacity to accommodate around 650 cars and, whilst in some respects is less well-located than the temporary Deans Avenue site, it does have the advantage of CDHB ownership and thus (current) long-term security without lease cost.

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Appendix A Summary Reviews of Preceding Assessments

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Christchurch Hospital – March 2017 Review of Parking Supply and Demand (Urbis TPD Ltd, April 2017, on behalf of MoH)[44].

A.1 This is the most recent analysis of parking supply and demand. A full review is not presented here, but rather, a few key statements and tables have been highlighted, with QTP comments appended.

A.2 [Para 18]: *"It is clear that there is a public expectation that there should be convenient parking for all Hospital visitors and staff. While there is readily available publicity and information on parking supply locations such as the sale yard site, there is repeated feedback that this is not convenient enough particularly for less-mobile patients and visitors, or other visitors with special parking requirements such as returning loan equipment."*. [QTP agree with this statement].

A.3 [Para 19]: *"The increased demand for on-street parking, and the current waiting lists for an off-street staff parking space, is forcing staff to park further away from the Hospital site. There was repeated feedback to the on- line articles that some staff do not feel safe walking increased distances to their vehicles during hours of darkness[2]. Also, the shuttle bus ceases operation at 8:30pm yet the afternoon staff shift ends around 11:00pm. While the CDHB does provide security staff that can escort staff to the staff parking building and the afternoon staff car park, such a service is apparently not available if the staff member is not able to park in either staff parking facility and is instead parked on-street somewhere. There is also no late night or early morning shuttle service that could be used by staff parked at the sale yard site."* [QTP agree with this statement, although understand that, since publication of this report, the Shuttle service hours have now recently been extended].

A.4 [Para 33]: "*The fact that the saleyard site is not developed to the full potential afforded by its resource consent is of no consequence because the 2017 parking demand surveys show that it is operating at very low occupancy levels anyway."* [QTP agree and (notwithstanding Urbis recommendations elsewhere on measures to improve the attractiveness of the site, with which we also agree), note that the full potential capacity was assumed as potential supply for the purposes of 'Table 2', until 2020 but this does exceeds the current CDHB licence-to-occupy (300 spaces). The Table 4 assessment presented does supersede this with a 250-space assumption, but only insofar as it presents an 'Existing' situation assessment (despite the table title)]

A.5 Further brief comments on assumptions adopted in key parking tables are included in the landscape-format tables, located at the rear of this appendix.

[44] http://www.health.govt.nz/system/files/documents/pages/urbis-review-of-parking-supply-and-demand-for-christchurch-hospital.pdf

Christchurch Hospital Acute Services Building Integrated Transport Assessment (Urbis TPD Ltd, October 2015, on behalf of MoH)[45]

A.6 [para 1.1.1] We note that the Building GFA is cited as 62,000m^2, compared to the 52,604m2 cited within the Urbis/QTP Preliminary could be important, if it has increased to this extent?

A.7 [para 1.2.5] "*Seven different parking demand estimates based on differing methodologies have been considered in this report. A comparative evaluation of these estimates suggests a short terms parking demand for the existing Hospital + ASB of around 1,230 spaces and a longer terms parking demand of around 1,540 spaces. It is important to note that these estimates are not considered to be definitive."* [QTP Comment: A fair caveat and one which applies to any estimates (including our own revised ones). The Options examined also represent a fair attempt of alternative estimation methods, although do appear heavily-predicated on what are (in our opinion) understated estimates of the existing demands] – refer below.

A.8 [para 1.2.7] "*It is also considered inappropriate to provide for a significant increase on on-site parking supply over the historic situation when there are so many unknowns about future parking demand levels not only as a result of the ASB project but also as a result of nearby developments such as the Metro Sports facility. Instead it is considered prudent to provide for parking as a staged roll-out of facilities across the campus with the final parking supply being decided at a later date following monitoring of parking demand over time. Certainly from the outset there should be provision for around 1,200 spaces. As further site development progresses in the longer time frame, and depending upon parking availability on the Metro Sports Centre site, then an increased optimum supply of 1,500 to 1,800 spaces can be reconsidered at a later date."* [As noted within the body of the report, it is now clear that no presumption can be made of any capacity on the MSF site to accommodate Hospital use (except where this represents bona-fide short-term parking associated with use of MSF facilities, or possibly between 8pm and 6am). The 'desirability' or 'acceptability' of staged roll-out is somewhat dependent upon a presumption that Park & Ride option(s) are an acceptable solution for 5+ years – although it must certainly be accepted that both the use of the former Brewery site and now Sale Yards has been the only-practical option, given the lack of planned capacity being implemented in parallel with building development]

A.9 [para 1.2.8 + Table 5] Assumed Blue Building replacement (380 spaces) by 2018, expanded to 700 by 2020 [QTP Comment: A two year gap between expansion appears questionable in terms of efficiency of contract, although may have been predicated on reasonable assumptions around land-availability – and, presumably, that the expansion occurs *adjacent to,* rather than above, the 380 spaces, to minimise disruption & avoid added cost?], Regarding 150 Afternoon car park residual capacity, it is noted that, at this stage, no allowance was made for desirable max occupancy levels (which have been incorporated in later assessments, albeit still appear to rely

[45] Provided by CCC.

upon undesirable 100% occupation of assumed on-street capacity)[

A.10 [para 1.5.1]: Estimate of former Blue Building generation was *"an additional 450 trips per day".* [QTP comment: This almost certainly represents a significant under-estimate – e.g. CCC data (albeit from 2003) looked at origins and destinations of people using this building, confirming that during the morning and interpeak hours surveyed around 95%+ were destined for the Hospital. It also confirmed that 2-way vehicle movements were 168 (7:30-8:30am), 102 (2-3pm) and 130 (4:30-5:30pm) – in other words a total of 400 movements observed over only 3 surveyed hours. Further, transaction data from 2007 suggests the car park had 195,000 annual transactions and if the mean weekday occupancy was assumed to be 50% and average weekend occupancy 12% (per Deloitte 2007 figures), this would imply an estimated average of 685 parking transactions/weekday – or 1,370 (2-way) car trips/day.

A.11 [para 1.6.3]: "*Entering the blue parking building via a right turn from Antigua Street provided convenience accessing the blue parking building and this right- turn movement must be retained in future road layout options for Antigua Street if the viability of a replacement blue parking building is to be maximised. It is understood that the design of the road network proposals for the surrounding road network now allow for a right turn entry into the existing 'blue' parking building site access."* [QTP comment: This understanding does not accord with our reading of the approved AAC plans. However, the GHD appendix is noted and appears to support the potential]

A.12 [para 1.6.4]: "*If a replacement of the blue parking building is to be provided, then it is considered critical that a more convenient return route is provided between the blue parking building site and the northern campus. This is able to be provided through the proposed roundabout at the Antigua/Oxford intersection and the proposed conversion of this egress point to cater for two way traffic flow."* [QTP comment: The latest CCC plans do provide for this two-way movement. We have, however, yet to see an updated long-term circulation plan for the northern campus ('Main site'), post-Masterplan implementation, that includes and accommodates this?]

A.13 [para 2.3.2]: "*A total of around 600 cycle-parking spaces should be provided on the northern hospital campus, with the majority of these (say 500) being reserved for staff use. These should meet modern standards for space and security, and be provided undercover where possible."* [QTP Comment: We concur with Urbis recommendations over the quality requirements. The space recommendations now appear feasible, given that there are currently 382 secure spaces (and 135 unsecure spaces) on the northern campus, but this does not include either the potential capacity that could, presumably, be restored within the quadrangle on completion of the building programme (This formerly had capacity for around 260 staff spaces, using old single stands rather than double racks), nor the provision understood to be anticipated within the ASB building, where plans suggest the LGF will have nominal provision for around 150 spaces]

A.14 [Para 3.2.11]: "*As a result of both these surveys and additional information from the CDHB on the estimated parking effects of the ASB development, it became*

increasingly apparent that, in the short term, the proposed ASB is unlikely to affect the parking demand of the wider Hospital activity to the extent previously thought". [QTP Comment: '…in the short-term' is, presumably, a potentially-important qualifier?]

A.15 [Para 4.2.2]: *"Figure 3 on the next page provides a profile of staff numbers at the hospital excluding, on weekdays, around 500-600 staff detailed in Table 2 below:"* [QTP Comment: The Monday-Friday staff numbers shown in Table 2 total 912, so either there is a typographical error in this table, or the '500-600' figures may be incorrect?]

A.16 [Para 7.3.4]: *"Appendix G provides an analysis of seven different parking demand estimates based on differing methodologies based around Options a) and b) above."* [We note that Options 3-6 all stem from the Option 2 estimate of **existing** on-site parking demand for around **1200 spaces**, derived by subtracting 50% of the Blue Building capacity from on-site supply of 1,425 spaces shown in Table 2[46], reproduced below. Put another way, although some reference is made to use of on-street parking, essentially all estimates appear **heavily-predicated** on an assumption that the (former) 'on-site' **supply** effectively represented the sum totality of 'existing' Hospital Parking **demand**?]

GFA of Existing Site	Visitor Parks	Staff parks	Total
Northern Campus	197	75	**272**
Southern Campus	80	80	**160**
'Blue' Parking Building	389		**389**
Staff Parking Building		420	**420**
26 St Asaph Street Car Park		184	**184**
Total	**666**	**759**	**1425**

Table 3: Existing (mid- 2014) Hospital campus vehicle parking provision

A.17 For Option 5, we note that the 30% increase applied is, apparently, influenced by a typographical error in Table G2 used to derive it: Where the projected number of adults was as 532,686, it should have read 432,686 (the number of adults being less than the total population). Thus the Average Estimated Growth 130% should have been calculated as 124% (Also note that this growth was from 2011 post-quake projections, not 2015) However, as noted within the body of this report, these projections since been superseded (twice) since 2012 anyway.

[46] The reference should be to Table 3. Also note that this cites the former Blue building capacity at 389 spaces, compared to a capacity of 353 spaces noted in CCC inventory surveys of 2002, 2006 and 2009.

Christchurch Hospital ASB, Preliminary Transport Assessment June 2014 Update (Urbis TPD Ltd)[47].

A.18 [para 1.1.1] *"If there is to be less short-medium term visitor parking on the site itself then any remote parking facilities need to provide an extremely high level of pedestrian connectivity to the main site. It is our option* (sic) *that a fundamental design failing of the proposed* (sic) *'blue' Hospital parking building was the very poor pedestrian connectivity to the main Hospital site. Visitors instead preferred to park on the site itself and thus contributed towards the on-site parking congestion issues."*

A.19 [QTP do agree with first and last sentences above. However, our opinion is that it is arguable whether the well-lit and wide pedestrian sub-way, free of traffic conflict, with lift access available at either end (and wheelchair assistance if required) did indeed represent such a 'fundamental design failing' of the former Hospital Car Park? (Unfortunately, much opinion, including ours, is founded on conjecture and there appears to be an absence of robust market-research undertaken to identify the true barriers to positive visitor access experience and ways to remove or mitigate these).

A.20 It might alternatively be argued that such or similar segregated-provision might even be preferable to a (future) requirement to traverse one of two busy intersections at-grade?]

A.21 [para 2.6.5] *"It also remains a recommendation that with further redevelopment of the Hospital activity that further improvements in the parking supply convenient to the site be made with around 1400-1500 spaces being a target final supply."* [This broadly aligns with QTP's recommendations]

A.22 Given these statements, we suggest there may be some irony in the argument that, if the level of (perceived) accessibility afforded by the former Hospital Car Park represented such a 'fundamental design failing', and an implied requirement for success will be sufficient parking convenient to the site, that subsequent reports (October 2015, March 2017) would suggest (by implication) that the Sale Yards would be an acceptable (if interim) solution, given that potential users are required to park 20 minutes travel away, by the time they have waited for and travelled in a Shuttle?

A.23 [section 4.2] It is noted that the anticipated future generation of the (main) site in this assessment appears predicated on extrapolating observed access use by the adopted (30%) increase in patient numbers, when clearly it should/will be limited by the proposed level of parking on the main site and would be more appropriately assessed on this basis?

A.24 Note that QTP shared input to the preceding 'Preliminary Transport Assessment' appended to this document. (The version appended is however dated 3 February 2014 and as we had no involvement to this project beyond June 2013, can't attest to any changes that may have been made in the interim).

[47] http://cera.govt.nz/sites/default/files/common/christchurch-hospital-transportation-report.pdf

Christchurch Hospital – Acute Services Building Designation Detail (Preliminary Design Report, May 2014 on behalf of MoH & CDHB)[48].

A.25 No comments of significance.

Car Parking in the South-West Central City, Final Issue (Development Christchurch Ltd, January 2017) [49]

A.26 Add key comments if time.

48 http://cera.govt.nz/sites/default/files/common/christchurch-hospital-acute-services-building-designation-detail.pdf

49 Note this is a copy available to the public on CCC site (at https://www.ccc.govt.nz/assets/Documents/The-Council/How-the-Council-works/LGOIMA-responses/DCL-Report-on-Health-Precinct-Car-Parking.pdf , (in response to a LGOIMA request so therefore includes some redactions to preserve commercially-sensitive information).

December 2015: Deloite, with assistance from Urbis - nb Update of Construction ITA Estimates (October 2015)

Table 2 Copy of 'Deloitte' Table. Summary of estimated parking demand and an example of parking provision through to 2031 design year

Christchurch Hospital
March 2017 Review of Parking Supply and Demand
Source:
http://www.health.govt.nz/system/files/documents/pages/urbis-review-of-parking-supply-and-demand-for-christchurch-hospital.pdf

		Design years (based on a 2pm daily frequency)	Existing	Short Term	Short Term	Medium Term	Long Term	QTP Comments
			2015	2016-2018	2018-2020	2020-2025	2025-2031	
Hospital parking demand	1	Hospital Activities including ASB and including afternoon park changeover	1200	1200	1200	1200	1200	< This requires confirmation as it patently critical to ultimate demand/supply calculations. Eg. Does it include observed Salevards & on-street?
	2	Registrars and surgeons etc	50	50	50	50	50	< Confirm with CDHB
	3	Allowance for population growth catered for by ASB (nominal values)	0	0	100	200	300	< What support is there for 'nominal values' adopted and what potential range is there?
	4	HREF facility (nominal values)			100	100	100	< What support is there for 'nominal values' adopted and what potential range is there? CDHB suggest (fire-rated) occupancy *could be* 2,385 people (albeit many presumably students)
	5	Corporate Services (nominal values)	150	150	150	150	150	< What support is there for 'nominal values' adopted and what potential range is there?
	6	Fleet vehicle storage (nominal values)	25	25	50	50	50	< What support is there for 'nominal values' adopted and what potential range is there?
	7	On-street construction worker parking (nominal values)	150	150	0	0	0	< Urbis report suggests 2,000 construction workers. Note allowance is for ON-STREET demand only
	8	**Design demand**	**1575**	**1575**	**1650**	**1750**	**1850**	< Note design envelope altered slightly from previous assessments
Hospital parking supply	9	Existing main campus supply	91	91	91	91	91	< Urbis March 2017 surveys suggest this figure should be 60 (see right). CDHB figures suggest 59 (**excluding** contractor & INCLUDING drop-off, mobility and critical staff. Otherwise other public
	10	ASB LG parking level supply	0	0	61	61	61	<tbc (Review Plans)
	11	ASB ground parking level supply	0	0	62	62	62	<tbc (Review Plans)
	12	Staff parking building supply	423	423	423	423	423	<tbc (CDHB say 430)
	13	Supply on balance of St Asaph Street campus around labs etc.	63	63	86	86	86	< Urbis March 2017 surveys suggest this figure should be 77. CDHB say 51 (including 1 contractor space)
	14	Blue parking building site (initially on grade and then a replacement building)	0	67	67	600	600	< Urbis remove later (because, presumably, unavailable during construction)
	15	41-45 St Asaph Street (gravel pit site)	0	0	0	60	161	< tbc likely to be available - This was assumed to be extention to 600-space Blue Building
	16	Assumed occupancy	95%	95%	95%	95%	95%	
	17	**Available Supply**	**548**	**612**	**751**	**1314**	**1410**	
	18	**Balance to find**	**1027**	**963**	**899**	**436**	**440**	
On-street	19	On-street parking (nominal)	310	310	310	310	310	
	20	Assumed occupancy	100%	100%	100%	100%	100%	< This assumption is overly-optimistic and would guarantee inefficient searching etc
	21	**Available Supply**	**310**	**310**	**310**	**310**	**310**	
	22	**Balance to find**	**717**	**653**	**589**	**126**	**130**	
Sale Yards	23	Sale Yard Site	813	813	813	0	0	< Early period estimates clearly out of sync with demand (0.17*813= c. 140 at 2:00pm). Urbis recently noted the 813 assumption reflected (apparently) consented potential supply to 2020, but did
	24	Assumed occupancy	90%	90%	90%	90%	90%	(Resolved, to some extent, in Urbis '2017' assessment (see right)
	25	**Available Supply**	**732**	**732**	**732**	**0**	**0**	
Metro Sports and afternoon car park sites	26	500 space Metro Site (nominal shared parking)	184	184	500	500	500	
	27	Metro Sports demand at 2pm	0	0	**350**	350	350	< Identify potential impact of risk around this figure?
		Assumed occupancy	95%	95%	95%	95%	95%	
		Metro equivalent demand	0	0	368	368	368	
	28	**Available Supply**	**184**	**184**	**132**	**132**	**132**	< Why is occupancy allowance made for Metrosports but not (effectively) for all potential Hospital Use??
	29	**Available Supply Sale yards and Metro Sport**	**916**	**916**	**864**	**132**	**132**	
	30	**Balance to find**	-199	-263	-275	-6	-2	

(nb presumed typo in header corrected)

March 2017: Urbis

Table 4 March 2017 summary of estimated parking demand and an example of parking provision through to 2031 design year *(sic)*

Christchurch Hospital
March 2017 Review of Parking Supply and Demand
Source:
http://www.health.govt.nz/system/files/documents/pages/urbis-review-of-parking-supply-and-demand-for-christchurch-hospital.pdf

		Design years (based on a 2pm daily frequency)	Existing		QTP Comments
			2017		
Hospital parking demand	1	Hospital Activities including ASB and including afternoon park changeover	1200		< This requires confirmation as it patently critical to ultimate demand/supply calculations. Eg. Does it include observed Saleyards & on-street?
	2	Registrars and surgeons etc	50		< Registrar nos (& parking requirements) to be confirmed with CDHB. 18 Critical Staff CP Supply on main Site
	3	Allowance for population growth catered for by ASB (nominal values)	0		
	4	HREF facility (nominal values)	0		
	5	Corporate Services (nominal values)	150		< 340+ staff
	6	Fleet vehicle storage (nominal values)	25		(CM survey suggests 21 on PM Car Park, so close enough)
	7	On-street construction worker parking (nominal values)	150		< 2,300 contractors??
	8	**Design demand**	**1575**		
Hospital parking supply	9	Existing main campus supply	60		< CDHB = 59 (ex 33 Contractor spaces) - *including drop-off, but really 47 (29 mobility+18 Critical staff)*
	10	ASB LG parking level supply	0		
	11	ASB ground parking level supply	0		
	12	Staff parking building supply	423		<tbc (CDHB say 430)
	13	Supply on balance of St Asaph Street campus around labs etc.	77		<CDHB say 51 (including 1 contractor space)
	14	Blue parking building site (initially on grade and then a replacement building)	0		< CDHB to confirm when will this be available for at-grade parking?
	15	41-45 St Asaph Street (gravel pit site)	0		< Note Urbis comments that " it is understood that the replacement energy centre at 31-33 St Asaph Street will commence construction in approximately one year" & " A preliminary design
	16	Assumed occupancy	95%		**Note No allowance for KEB, Tuam St, Acton St**
	17	**Available Supply**	**532**		
	18	**Balance to find**	**1043**	204.8	
On-street	19	On-street parking allowing for recent parking restrictions to facilitate construction (nominal 310 spaces ;less 200 spaces)	110		(Urbis report suggests MSF loss is actually 170 within 500m of Main Site (closure of Balfour, Horatio and parts of Stewart/Antigua Streets) and 86 on St Asaph St during rebuild works. Figures here reflects assumption that 80% of this demand hospital-related (0.8 x (170+86) = 205) & will need to be compensated elsewhere
	20	Assumed occupancy	100%		
	21	**Available Supply**	**110**		
	22	**Balance to find**	**933**		
Sale Yards	23	Sale Yard Site	250		< Urbis suggest only central third developed with capacity for around **200** vehs [March 2017, para 281
	24	Assumed occupancy	90%		< Also note Urbis comments re loss of on-street options on Deans Av for Afternoon shift staff. (although questionable whether this a responsible option anyway if shuttle has soppped and such staff required to traverse Park at end of shift??!!)
	25	**Available Supply**	**225**		
Metro Sports and afternoon car park sites	26	Afternoon staff car park	250		< CM Survey = 253 (136+117), with 117 due to be lost (date tbc)
	27	Metro Sports demand at 2pm	0		
		Assumed occupancy	95%		
		Metro equivalent demand	0		
	28	**Available Supply**	**238**		
	29	**Available Supply Sale yards and Afternoon Car Park**	**463**		
	30	**Balance to find**	**471**		(Note that no allowance made for KEB "as likely to be allocated to other users in the area"

Appendix B Updated Assessments of Future Supply & Demand (Alternative Scenarios)

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		Future Scenario	Scenario 2A= Low Base, No Mode Change, Low Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**2295**	
	2	Hospital Visitors	**550**	**620**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**2750**	**3190**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**1568**	**1104**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**500**	**374**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**0**	**137**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**0**	**137**	

		Future Scenario	Scenario 2B=Medium Base, No Mode Change, Low Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**2295**	
	2	Hospital Visitors	**900**	**1020**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**3100**	**3590**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**1918**	**1504**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**850**	**774**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**350**	**537**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**350**	**537**	

		Future Scenario	Scenario 2C=High Base, No Mode Change, Low Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**2295**	
	2	Hospital Visitors	**1250**	**1420**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**3450**	**3990**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**2268**	**1904**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**1200**	**1174**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**700**	**937**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**700**	**937**	

		Future Scenario	Scenario 3A= Low Base, No Mode Change, High Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**2465**	
	2	Hospital Visitors	**550**	**670**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**2750**	**3410**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**1568**	**1324**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**500**	**594**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**0**	**357**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**0**	**357**	

		Future Scenario	Scenario 3A= Medium Base, No Mode Change, High Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**2465**	
	2	Hospital Visitors	**900**	**1100**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**3100**	**3840**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**1918**	**1754**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**850**	**1024**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**350**	**787**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**350**	**787**	

		Future Scenario	Scenario 3A= High Base, No Mode Change, High Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**2465**	
	2	Hospital Visitors	**1250**	**1520**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**3450**	**4260**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**2268**	**2174**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**1200**	**1444**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**700**	**1207**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**700**	**1207**	

		Future Scenario	Scenario 4A= Low Base, Target Mode Change, Low Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**1765**	
	2	Hospital Visitors	**550**	**570**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**2750**	**2610**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**1568**	**524**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**500**	**-206**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**0**	**-443**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**0**	**-443**	

		Future Scenario	Scenario 4B= Medium Base, Target Mode Change, Low Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**1765**	
	2	Hospital Visitors	**900**	**930**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**3100**	**2970**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**1918**	**884**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**850**	**154**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**350**	**-83**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**350**	**-83**	

		Future Scenario	Scenario 4C= High Base, Target Mode Change, Low Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**1765**	
	2	Hospital Visitors	**1250**	**1290**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**3450**	**3330**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**2268**	**1244**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**1200**	**514**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**700**	**277**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**700**	**277**	

		Future Scenario	Scenario 5A= Low Base, Target Mode Change, High Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**1895**	
	2	Hospital Visitors	**550**	**610**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**2750**	**2780**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**1568**	**694**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**500**	**-36**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**0**	**-273**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**0**	**-273**	

		Future Scenario	Scenario 5B= Medium Base, Target Mode Change, High Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**1895**	
	2	Hospital Visitors	**900**	**1000**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**3100**	**3170**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**1918**	**1084**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**850**	**354**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**350**	**117**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**350**	**117**	

		Future Scenario	Scenario 5C= High Base, Target Mode Change, High Growth Estimates		
		Design years (based on a 2pm daily frequency)	Existing	Long-term	Notes
			2017	2031	
Hospital parking demand	1	Hospital Staff (including Corporate)	**2025**	**1895**	
	2	Hospital Visitors	**1250**	**1390**	
	3	Registrars and surgeons etc	0	0	< 50 (consistent with Urbis and advice from CDHB Roster staff) is now reflected in QTP Base Estimates
	4	HREF facility (nominal values)	0	250	< LT reflects revised MINIMUM estimate for HREF
	5	Fleet vehicle storage (nominal values)	25	25	
	6	On-street construction worker parking (nominal values)	150	0	
	7	**Design demand**	**3450**	**3560**	
Hospital parking supply	8	Existing main campus supply	92	70	< LT reflects assumed loss of parking on St Asaph
	9	ASB LG parking level supply	0	61	
	10	ASB ground parking level supply	0	62	
	11	Staff parking building supply	423	423	
	12	Balance of St Asaph Street campus	83	44	
	13	Afternoon staff car park	253	136	
	14	Saleyards	120	0	< 2017 'supply' reflects assumed occupancy of 114/0.95
	15	Blue parking building site (initially on grade and then a replacement building)	0	**700**	< St Asaph St Campus
	16	Other more-remote off-street staff sites (leased)	273	0	< 2017 'supply' reflects Tuam/Montreal & Acton Sts. LT reflects lease expiry.
	17	41-45 St Asaph Street (gravel pit site)	0	0	
	18	Potential Additional Staff and/or Visitor Facility/Facilities	0	**700**	< East of Antigua
	19	Assumed occupancy	95%	95%	
	20	**Available Supply**	**1182**	**2086**	
	21	**Balance to find**	**2268**	**1474**	
On-street	22	On-street parking (use **at 2:30pm**)	1068	768	< LT reflects expected ACC losses within 10 mins AND reversion of 30% of unrestricted parking in 10-15 band to time-limited
	23	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	24	**Available Supply**	**1068**	**730**	
	25	**Balance to find**	**1200**	**744**	
Public Off-Steet	26	Off-Street Public Facilities	500	250	< 2017 'supply' reflects *assumption* that approx 1/3 net demand accomodated off-st. LT reflects assumption that 50% of current capacity may be 'lost' to redevelopment
	27	Assumed occupancy	100%	95%	< LT reflects more-desirable occupancy
	28	**Available Supply**	**500**	**238**	
	29	**Balance to find**	**700**	**507**	
MSF	30	Metro Sports demand at 2pm	0	350	
	31	Assumed occupancy	95%	95%	
	32	Metro equivalent demand	0	368	
	33	**Available Supply for Hospital Users**	**0**	**0**	< No Capacity is now assumed (at 2:30pm) for Hospital
Summary	34	**Balance to find**	**700**	**507**	

[redacted]

From: Lionel Wood [redacted]
Sent: Monday, 18 September 2017 9:45 p.m.
To: David Meates
Subject: Fwd: Re: FW: [External] CDHB Draft Parking (Transport) Strategy

David, fyi. Talk tomorrow.

With kind regards.

John.

---------- Original Message ----------
From: Lionel Wood [redacted]
To: Evan Davies [redacted]
Date: 18 September 2017 at 21:42
Subject: Re: FW: [External] CDHB Draft Parking (Transport) Strategy

Dear Evan, thank you. Of course happy to discuss, as I am out of town, at our informal meeting later this week?

With kind regards.

John.

On 18 September 2017 at 19:18 Evan Davies <Evan.Davies[redacted]

Dear John

While I was appreciative of receiving the attached report, I was also a little surprised.

Ministers have determined that the HRPG should be responsible for development and implementation of the long-term parking strategy, and that has been known by all stakeholders for some time.

Can we discuss, please?

Regards

Evan

Evan Davies

Managing Director

[redacted]

www.toddproperty.co.nz

Level 28 | PWC Tower | 188 Quay Street | PO Box 106 249 | Auckland 1010 | New Zealand

From: David Meates [mailto:David.Meates@cdhb.health.nz]
Sent: Wednesday, September 06, 2017 7:16 PM
To: Evan Davies; MWilsher@adhb.govt.nz; Tony Lanigan; Lionel Wood
Cc: Barry Bragg; Michael_Hundleby@moh.govt.nz; bryan[redacted] Mary Gordon
Subject: [External] CDHB Draft Parking (Transport) Strategy

As discussed last Thursday, please find attached a copy of the QTP long term parking strategy document.

One of the key challenges facing us is the lack of a joined up parking strategy that covers the Metro Center, Health Precinct and Christchurch Hospital.

This report is also being shared with Otakaro / DPMC (who are responsible for the Metro Center Development), the HREF governance group (ARA, University of Otago, University of Canterbury, Regenerate Christchurch – the

HREF facility in the health precinct is due for completion in June 2018 including an additional 1300 nursing students) and Otago University (who are planning a [redacted] development within the health precinct to be completed by 2021) – all parties need to be involved in an agreed parking strategy for what is going to be one of the busiest areas in the city of Christchurch.

While options for parking are emerging including private developers, the DHB via its facilities Board sub-committee have been clear that the current "blue car park site" is not the right location for a parking building.

It was also agreed at last Thursday's HRPG meeting, that a further 6 monthly update report on parking would not be useful and would now not occur. CDHB were in agreement with that.

Regards

David Meates, MNZM

Chief Executive, Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

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Values – Ā Mātou Uara

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono | Responsibility for outcomes - Te Takohanga i ngā hua

Dr. John Wood Amb. (Rtd.); C.N.Z.M; Q.S.O.
Chancellor
University of Canterbury
Christchurch
New Zealand

[redacted]

Dr. John Wood Amb. (Rtd.); C.N.Z.M; Q.S.O.
Chancellor
University of Canterbury
Christchurch
New Zealand

[redacted]

CDHB 9821 Appendix 2 Index

Page number	Date	From	To	Subject	Comments
001	10/4/2015	David Meates	Gerard Gallagher CERA	Globaledge Properties Proposal for Park and Ride Scheme Deans Avenue	
004	19/5/2015	Gerard Gallagher	David Meates	Globaledge Properties Proposal for Park and Ride Scheme Deans Avenue	Page 11 redacted under s9(2)(a) of the Act i.e. privacy
015	14/10/2015	Justine White	Gerard Gallagher	Deans Avenue Carpark / Canterbury DHB Park and Ride	Page 15 redacted under s9(2)(b)(ii) of the Act i.e. Commercial prejudice.
018	25/11/2015	Tim Lester	Alan Edge	Licence to Occupy Park and Ride Deans Ave	Page 20 redacted under s9(2)(b)(ii) of the Act i.e. Commercial prejudice. Pages 25 and 29 redacted under s9(2)(a) of the Act i.e. privacy
030	28/3/2017	George Schwass	Alan Edge	Re complaints regarding multiple potholes	
044	26/5/2017	Tim Lester	Alan Edge	Re Licence agreement – Canterbury DHB Sale Yards site at Deans Avenue	

Kathleen Smitheram

From: Susan Fitzmaurice on behalf of David Meates
Sent: Friday, 10 April 2015 2:11 p.m.
To: 'Gerard Gallagher'; Simon Nikoloff
Cc: Karalyn van Deursen
Subject: Globaledge Properties Proposal for Park & Ride Scheme Deans Avenue
Attachments: 21424.pdf

Please find attached letter from David Meates, Chief Executive, Canterbury DHB and West Coast DHB

Regards

Susan Fitzmaurice
Assistant to David Meates, Chief Executive, Canterbury DHB and West Coast DHB
P O Box 1600, Christchurch
p: 03 364 4110 | fax: 03 364 4101 | susan.fitzmaurice@cdhb.health.nz

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CHIEF EXECUTIVE'S OFFICE

Tel: (03) 364 4110
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E-Mail:chiefexecutive@cdhb.health.nz

10 April 2015

Gerard Gallagher
Simon Nlkoloff
Investment Facilitators
Greater Christchurch Investment Strategy
Christchurch Central Development Unit
Private Bag 4999
Christchurch 8140

Gerard.gallagher@cera.govt.nz
Simon.nikoloff@cera.govt.nz

Dear Gerard and Simon

Globaledge Properties Proposal for Park & Ride Scheme Deans Avenue

Thank you for the presentation on Tuesday regarding the proposed GlobalEdge Properties Car Park & Ride Scheme. In order to progress this proposal Canterbury DHB requires written confirmation and clarification on a number of points before proceeding to a discussion about the level of commitment to the scheme by Canterbury DHB.

1. **Confirmation of closure date of the Metro Sports Complex temporary car park**
   Please confirm the date when this temporary car park will be totally closed and no longer available for car parking to all parties?

2. **Confirmation of date of land acquisition of the current CDHB staff 'afternoon carpark'**
   Please confirm:
   a) the date Cera will take over ownership of the current 'afternoon carpark' (of approximately 150 car parks which is adjacent to the Metro Sports Complex) and
   b) the final date that CDHB staff will be able to use this car park.

3. **Certainty of tenure of the proposed Deans Avenue Park & Ride site**
   At yesterday's meeting the time frame of 2-5 years was discussed, with a signal that it would 'most likely' be five years. To be viable for CDHB, please confirm that the length of lease of this site would be five years from the 'go live' date of the Park & Ride scheme.

4. **Consenting process and community engagement/consultation on land use**
   In order to proceed CDHB would need to be satisfied that all necessary consents for the land use were obtained and community consultation completed. This includes

Christchurch City Council and Environment Canterbury consents. Please provide written confirmation and a detailed timeframe for this process.

5. **Suitability and safety of the land for public use**
   Please provide all reports on the safety and remediation of the land, to enable CDHB's community and public health team to independently peer review this information.

6. **Lighting on the proposed parking site**
   Please confirm the likely cost for lighting the site, and who is expected to pay for installing lighting (which would involve digging and disturbing the surface of the carpark).

7. **Fencing**
   Please confirm the likely cost for fencing the site, including perimeter fencing for the security of all car-park users (not just CDHB) and a further internal fence to ensure approximately 150 dedicated parks are available, via swipe card access for CDHB night staff. Noting, this would also involve digging and disturbing the surface of the car park.

Thank you for your prompt attention to these questions. I look forward to your responses, which will be shared with a small group working on our parking plans. Once we have this additional information we will be able to make an informed decision on this proposal.

Yours sincerely

David Meates, MNZM
Chief Executive

Canterbury DHB
PO Box 1600, Christchurch, New Zealand

Kathleen Smitheram

From: Gerard Gallagher <Gerard.Gallagher@cera.govt.nz>
Sent: Tuesday, 19 May 2015 8:49 a.m.
To: David Meates
Cc: Karalyn van Deursen; 'alan@globaledge.co.nz'; 'huia@globaledge.co.nz'; David Brian; Cheree Castle; George Schwass; Simon Nikoloff
Subject: RE: Globaledge Properties Proposal for Park & Ride Scheme Deans Avenue
Attachments: Letter to David 18th May 2015.docx; car park.pptx; Tenure Letter.pdf; A02CSite Layout.pdf.zip

Morning David,

Please find attached the response to your letter dated 10th April. I have also attached the Lighting Layout, the Tenure letter and the latest site layout.

We are happy to meet to discuss when appropriate.
Regards
Gerard

Gerard Gallagher
Manager, Central City Development
Christchurch Central Development Unit (CCDU)
Canterbury Earthquake Recovery Authority (CERA)
62 Worcester Boulevard
Private Bag 4999, Christchurch 8140

M: 021 365 767
DDI: 03 3520 971
E: gerard.gallagher@cera.govt.nz
W: www.cera.govt.nz

From: Susan Fitzmaurice [mailto:Susan.Fitzmaurice@cdhb.health.nz] **On Behalf Of** David Meates
Sent: Friday, 10 April 2015 2:11 p.m.
To: Gerard Gallagher; Simon Nikoloff
Cc: Karalyn Van deursen
Subject: Globaledge Properties Proposal for Park & Ride Scheme Deans Avenue

Please find attached letter from David Meates, Chief Executive, Canterbury DHB and West Coast DHB

Regards

Susan Fitzmaurice
Assistant to David Meates, Chief Executive, Canterbury DHB and West Coast DHB
P O Box 1600, Christchurch
p: 03 364 4110 | fax: 03 364 4101 | susan.fitzmaurice@cdhb.health.nz

Christchurch Central
Development Unit

18th May 2015

David Meates
Chief Executive
Canterbury District Health Board
PO Box 1600
Christchurch

David,

Thank you for your letter dated 10th April. It is my pleasure to provide you CERA and Global Edge Properties Ltd (GEP) response to the 7 questions you have outlined in the letter.

1. **Confirmation of the closure of date of the Metro Sports Complex car parking facility.**
   I have received confirmation from Erin Tennent from CERA who is the project director for the Metro Sport project; that CERA extended the car park closure date to 30/09/2015 in response to CCC's request and intend to close the Metro Sport temporary car park facility at the end of September or 30 days after Canterbury DHB terminate their agreement with CERA if mutually agreed by CDHB and CCC. In saying this there remains some opportunity for an extension for part or all of the car park.
   Kevin Warwood of CCC has been informed of the intent with the Car Park and GEP is in discussion with him in regards CCC managing the Car Park.
2. **Confirmation of date of Land Acquisition of the current CDHB staff afternoon car park.**
   a) CERA acquisition process will proceed once CDHB conclude their internal divestment process and respond back to CERA with that approval. The next stages will follow immediately and as fast as the legal process will allow. It would be expected this may take 2 to 3 months.
   b) The final date CDHB will be able to use this site will be at the conclusion of the acquisition by CERA.
3. **Certainty of tenure of the proposed Deans Avenue Park & Ride site.**
   Please see attached correspondence from the land owner representative, Sam Yau. This clarifies that the tenure is secure for 2 years and probability of 5 years. We are currently in negotiation with the owner to secure a 4years (+1+1) tenure. We will inform you once they have confirmed.
4. **Consenting Process and community engagement/consultation on land use**
   Consenting is progressing well and CCC is deciding of the requirement for community consultation. GEP will follow the requirement as per the planning rules and as per the CCC Resource consenting process. We are expecting the consents to be granted by mid-June however if CCC decide for the consent to be notified (our advice to date indicates this is unlikely) then it may take a further 2 months.
5. **Suitability and Safety of the land for public use.**
   As part of the consenting process GEP has initiated an Environmental Impact report verifying the suitability of the land for public use. GEP confirms it will seal any areas where there are no bricks and also all areas to ensure the surface is appropriate for safe pedestrian access.

6. **Lighting of the proposed site.**
   GEP have had prepared a Lighting Plan as attached. The engineers have allowed lighting of the entire Car Park area to the highest standard. The lighting requirement needs to be installed as per the Council requirement for Car Parking as this requirement forms part of the CCC Resource consenting process due to CDHB request for 24 hour access and security for your staff. This is a costly exercise and we suggest a discussion with you on the possibility of only part of the Car Park (CDHB staff area) being lit.
7. **Fencing**
   The entire site will be fenced with Deer Type fencing and also a Wooden Pail fence between the Accommodation on the site and the car park area. This requirement forms part of the CCC resource consenting process.

Funding of Lighting, Security, Park & Ride, 150 designated car parks for CDHB, and Fencing

CDHB require Lighting and Fencing for security purposes therefore we request that this cost be funded by CDHB.

These costs are quoted at:

Lighting – total of 16 LED (1,000 equivalent each) flood lights positioned on lighting poles as shown on the attached plans = $97,500 plus GST

Fencing – Deer fencing (330 meters) @ $60/meter = $19,800 plus GST
Auto gate - shuttles = $6,750 plus GST
Wooden Pail fencing 180 + meters@$103 = $18,540 plus GST
Gates and fittings = $4,750 plus GST

Security personal – We suggest CDHB engage their own security staff to be on site when required at their cost

Park & Ride – The cost of the ride each way will be $3.00 plus GST

The cost of a car park will be $5.00 (per day or any part thereof)

The trip direct to the Hospital will be between 10 to 15 minutes cycle in the busy times. Pricing may change depending on demand.

If Designated Car Parks required by CDHB – Nil or up to 150 (or more if required) car parks could be designated for CDHB on request. The costs of these parks will be $30.43 per week plus GST, totalling $131.86 per month plus GST per park.

We look forward to discussing this further and finalising a contract for Global Edge Properties Ltd.

Regards

Gerard

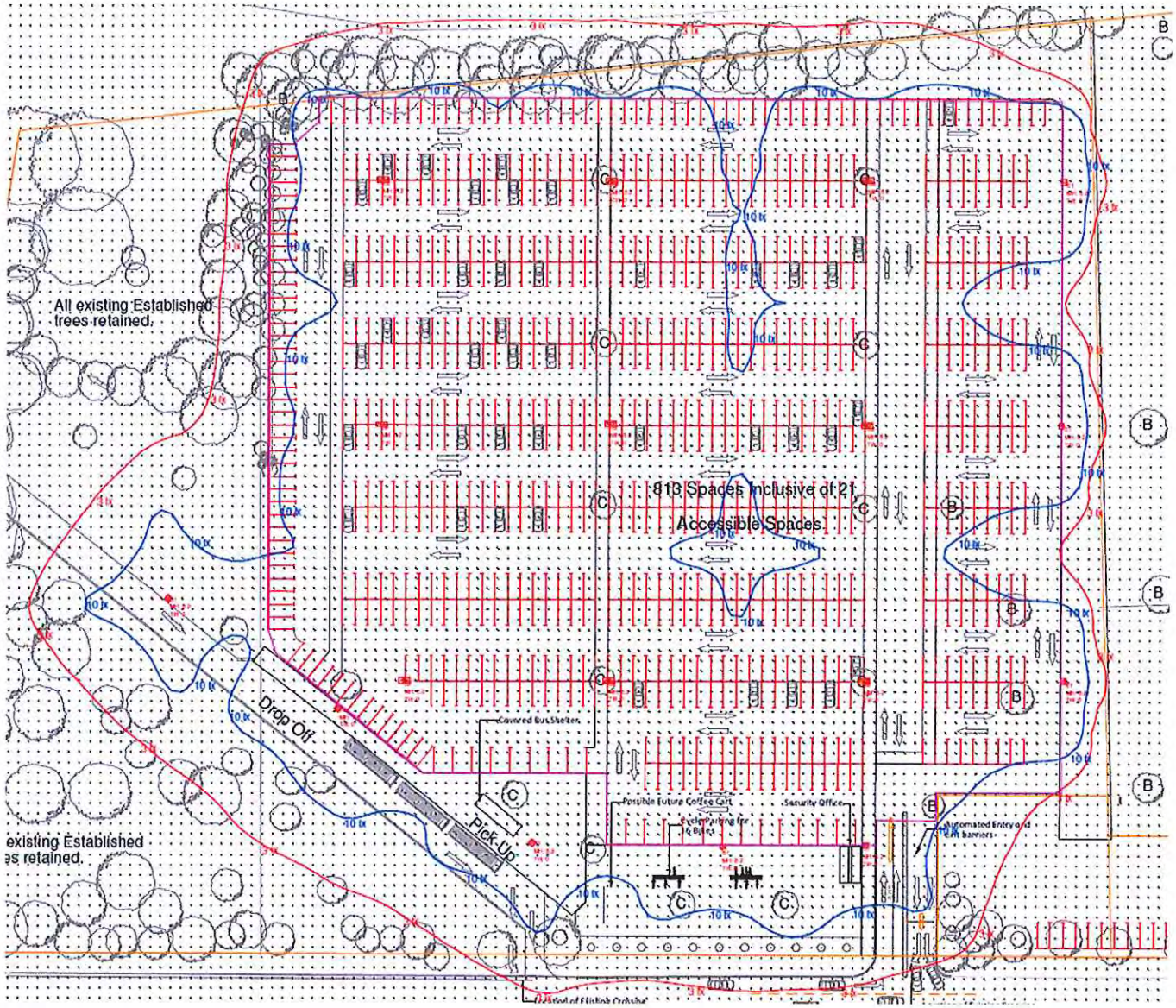
Gerard Gallagher
Manager, Central City Development
Christchurch Central Development Unit (CCDU)
Canterbury Earthquake Recovery Authority (CERA)
62 Worcester Boulevard
M: 021 365 767
DDI: 03 3520 971
E: gerard.gallagher@cera.govt.nz

Redpaths

DHB CAR PARK

LIGHTING LAYOUT

ESTABLISHED 1945



GENERAL NOTES:

1. Lighting calculations are based upon initial lamp lumens with a maintenance factor derived in accordance with AS/NZS 1158 as shown below.

1a. Lighting predictions in accordance with AS/NZS 1158.3.1:2005 Table 2.9 sub-category P11a

2. Isolux lines show illuminance values at grade.

3. Luminaires are mounted at the heights & tilts as indicated on the drawing.

4. All luminaires have 0deg upcast (flat glass).

5. Poles are 6.0m Ruud Premium Steel Crown Weld with Delta Guard paint finish.

6. Lighting calculations are subject to the accuracies & tolerances in accordance with AS/NZS 3827.1:1998 & AS/NZS 3827.2:1998. These accuracies & tolerances include variances in the building dimensions & obstructions, surface finishes, luminaire positioning & aiming, ambient temperature, atmospheric conditions, luminaire photometry, lamp output, lighting design software, electrical supply & instrument calibration.

MAINTENACE FACTOR (MF)

Lamp Lumen Maintenace Factor (LLMF)
* LED lamp lumen depreciation after 50,000 hours of operation
- Cree TD-13 data (in accordance with IESNA TM-21-11 & LM-80-08) utilised to obtain this value, 15degC average night time ambient

* 50,000 hours equates to 11+ years of operation at 12 hours/day 365 days/year

Luminaire Maintenance Factor (LMF)
* IP6X Luminaire IP rating
* Medium pollution category
* Luminaire cleaning every 72 months
- Value obtained from table B1 of BS5489-1:2013

Type B: Cree OSQ

FULL CUTOFF

CREE
AUTHORIZED DISTRIBUTOR

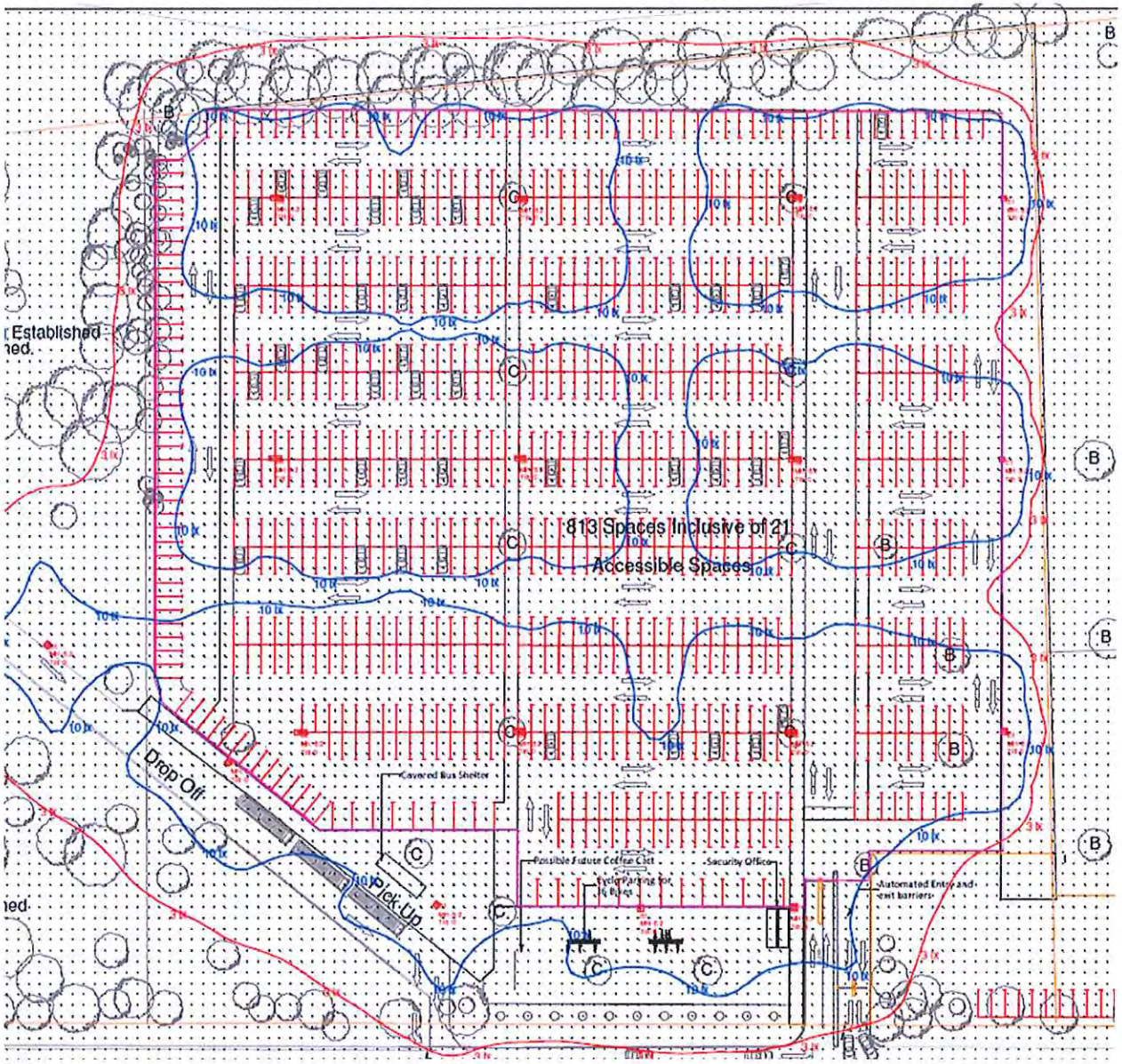
DO NOT SCALE - IF IN DOUBT ASK

CDHB CARPARK,
DEANS AVE, CHRISTCHURCH
CAR PARK AREAS
LIGHTING PERFORMANCE PREDICTIONS - LED OPTION - INITIAL (3 LUX SPILL)

Calculation Summary

Label	CalcType	Avg	Min	Max	Units
Carpark-P11a	Illuminance	19.06	3	68	Lux

Redpaths



GENERAL NOTES:

1. Lighting calculations are based upon initial lamp lumens with a maintenance factor derived in accordance with AS/NZS 1158 as shown below.

1a. Lighting predictions in accordance with AS/NZS 1158.3.1:2005 Table 2.9 sub-category P11a.

2. Isolux lines show illuminance values at grade.

3. Luminaires are mounted at the heights & tilts as indicated on the drawing.

4. All luminaires have 0deg upcast (flat glass).

5. Poles are 6.0m Ruud Premium Steel Crown Weld with Delta Guard paint finish.

6. Lighting calculations are subject to the accuracies & tolerances in accordance with AS/NZS 3827.1:1998 & AS/NZS 3827.2:1998. These accuracies & tolerances include variances in the building dimensions & obstructions, surface finishes, luminaire positioning & aiming, ambient temperature, atmospheric conditions, luminaire photometry, lamp output, lighting design software, electrical supply & instrument calibration.

MAINTENACE FACTOR (MF)

Lamp Lumen Maintenace Factor (LLMF)
* LED lamp lumen depreciation after 50,000 hours of operation
- Cree TD-13 data (in accordance with IESNA TM-21-11 & LM-80-08) utilised to obtain this value, 15degC average night time ambient

* 50,000 hours equates to 11+ years of operation at 12 hours/day 365 days/year

Luminaire Maintenace Factor (LMF)
* IP6X Luminaire IP rating
* Medium pollution category
* Luminaire cleaning every 72 months
- Value obtained from table B1 of BS5489-1:2013

Type B: Cree OSQ

FULL CUTOFF

CREE AUTHORIZED DISTRIBUTOR

CDHB CARPARK,
DEANS AVE, CHRISTCHURCH

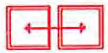
CAR PARK AREAS
LIGHTING PERFORMANCE PREDICTIONS - LED OPTION - MAINTAINED (P11a)

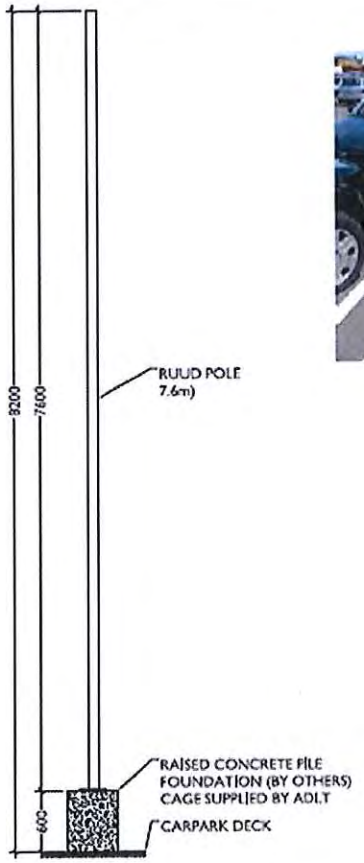
Calculation Summary

Label	CalcType	Avg	Min	Max	Units
Carpark-P11a	Illuminance	16.12	3	57	Lux

Redpaths

Lighting Legend and notes

Type	Symbol	Description	Quantity	Special Instructions
B1		Cree "OSQ #OSQANM5MES40K-UT Pole mounted Luminaire	5	
B2		Cree "OSQ #OSQANM5MES40K-UT Pole mounted Luminaire (x2)	9	
E		Cree "OSQ #OSQANM4MEBLSLFS40K-UT Pole mounted Luminaire	3	



Points to note as follows:-

1 Lighting levels in accordance with the horizontal LTP's & uniformities of AS/NZS 1158.3.1:2005 lighting sub-cat P11a
2 Disabled parks are not shown on plans, so these have not been included in the predictions.
3 Lighting levels are 'maintained' after 11+yrs of operation - 50,000hrs (12hrs/day, 365days/year).
4 All poles are 7.6m in height, pole type Ruud Premium Steel CrownWeld® base plate mounted, colour finish DeltaGuard® Black, installed on 600mm raised concrete foundation pads (by others).

5 All luminaires are Cree 'OSQ', 223 watt version

Two layouts are attached:
1] Initial lumens with 3 lux & 10 lux isolines for spill limit determination;
2] Maintained lumens, as comments above.

As this is a 1st-cut proposal, alterations may be required to meet your brief. Feel free to contact me if any re-work is necessary,
or if you would like to discuss any aspect of this proposal.

Gerard Gallagher

From: [redacted]
Sent: Friday, 24 April 2015 8:47 a.m.
To: Gerard Gallagher
Subject: Re: Old Saleyards

Good morning Gerard,

Thanks for coming out to the meeting last Wednesday.
You were asking me to give you some indication on the timeframe for our development on the south side of the old Blenheim Road.
As you know, we are going to develop the Northern side of the land first. It will probably take at least 3 to 5 years to complete before we start moving to the site that leased by your company.
Even the Northern site development will take at least 12 months for planning and consent processes before we start any ground work.

Although the current lease is on year to year basis, but we could discuss the extension of the lease at the end of the current lease period and based on the new terms and conditions that suitable for all parties.

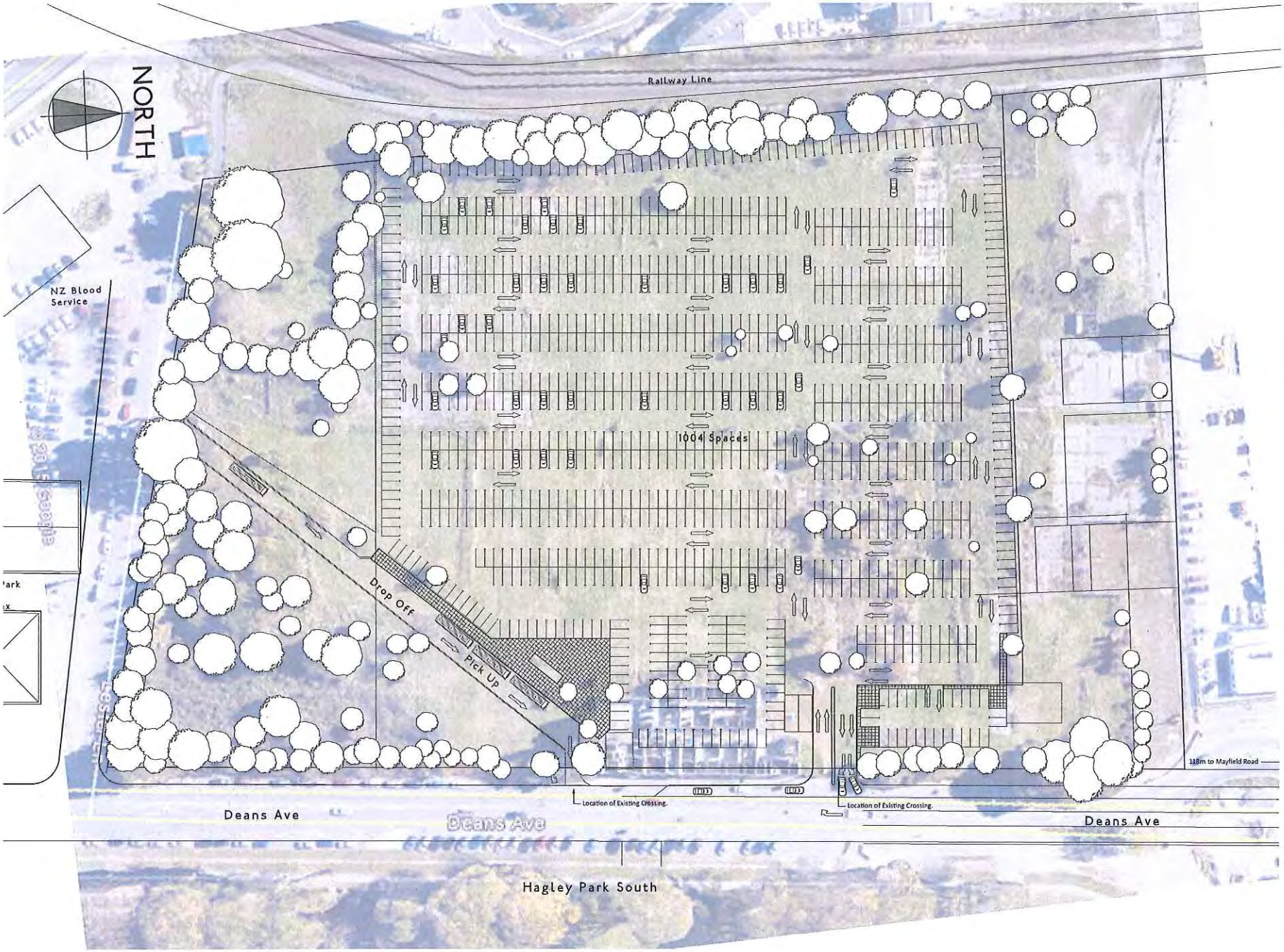
I hope I have clarified our position clear enough for your potential tenants.

Please do not hesitate to email me if further information is needed.

Thanks.

Best Regards,

[redacted]



FORMER CANTERBURY SALE YARDS

11 DEANS AVENUE, RICCARTON

CHRISTCHURCH, NEW ZEALAND

Project Number: 15057

W2 LIMITED
96 Disraeli Street, Christchurch
phone 03 366 0966
web www.w2.nz

GENERAL NOTE
All contractors MUST verify all dimensionson site before starting work or ordering materials. Any contractor shall immediately report any annomalies found to W2 Ltd.

DO NOT SCALE - All Dimensions in mm unless otherwise stated.

REVISION HISTORY

Rev:	Date:	Issue:
C	04/05/2015	Revised Parking Layout

CONCEPT ■
SCHEMATIC □
PRELIMINARY □
CONSENT □
TENDER □
CONSTRUCTION □
AS BUILT □

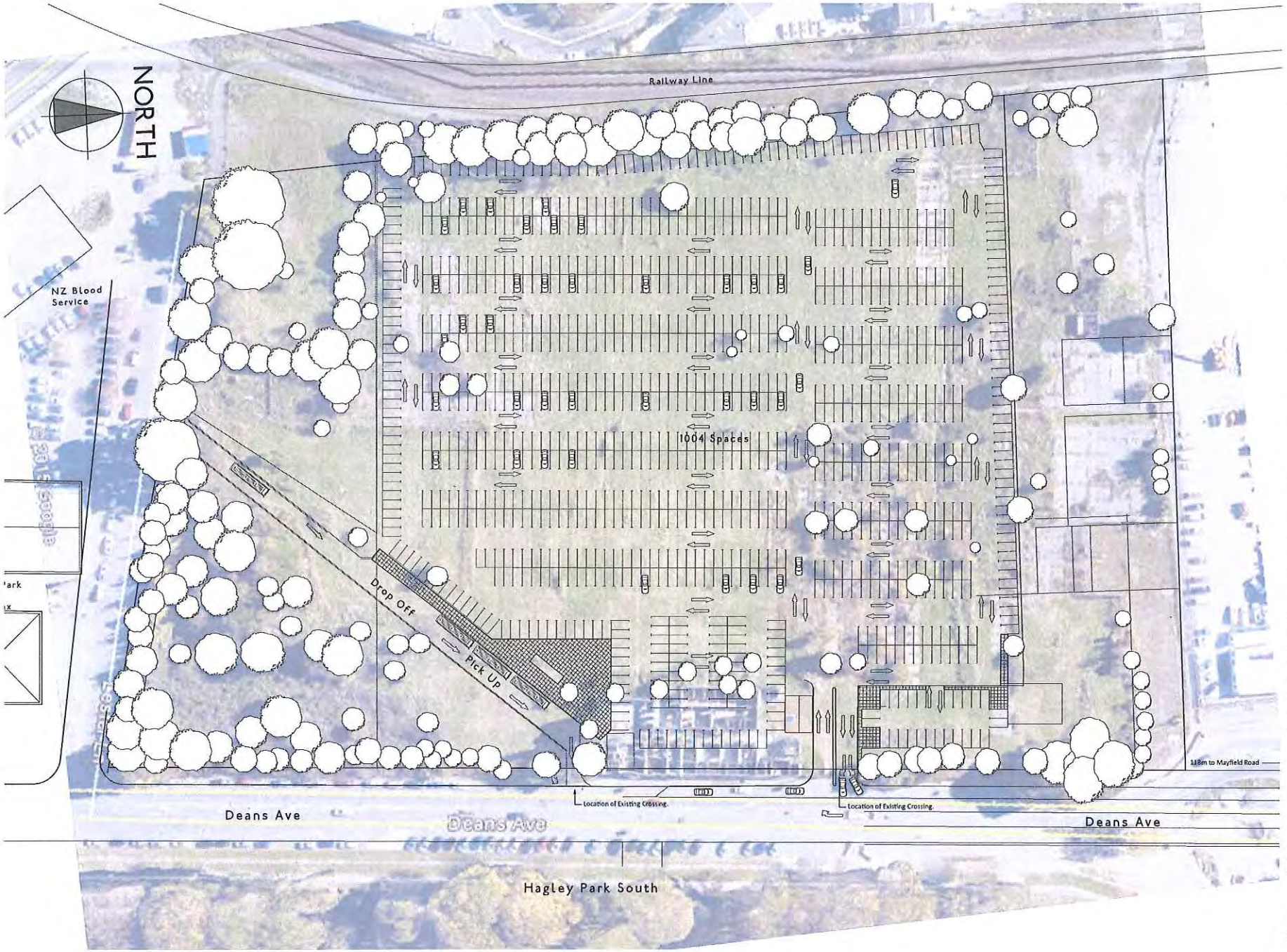
Date: 4/05/2015

Title:

Site Layout - Parking

Scale: 1:500@A1 Sheet No: A02 Rev: B

DESIGNED: MW
DRAWN: MH



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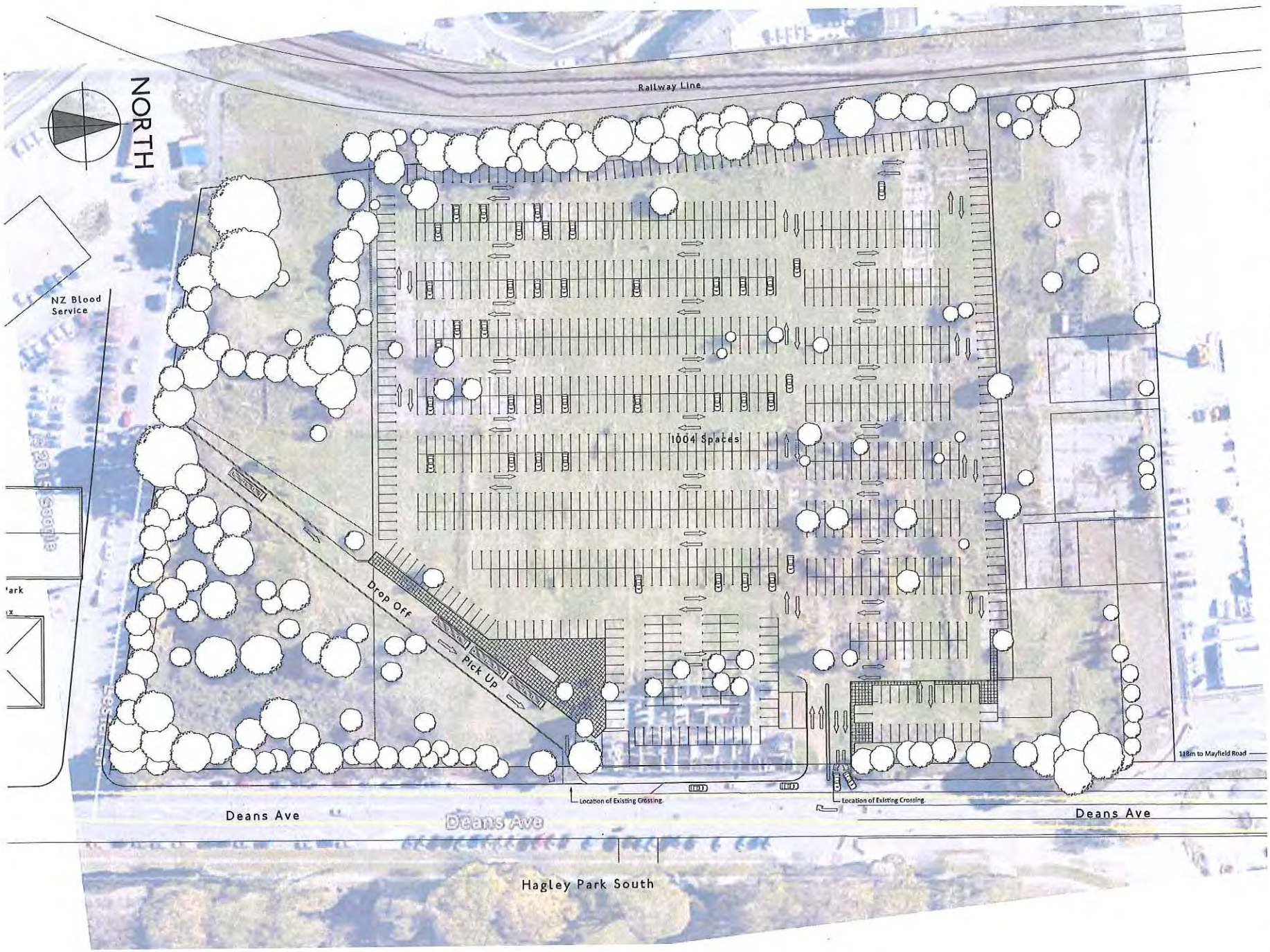
DESIGNED: MW
DRAWN: MH



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PRELIMINARY □
CONSENT □
TENDER □
CONSTRUCTION □
AS BUILT □

Date: 4/05/2015

Title:

Site Layout - Parking

Scale:1:500@A1 Sheet No: A02 Rev: B

DESIGNED: MW
DRAWN: MH

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Corporate Office
2nd Flr, The Princess Margaret Hospital
Cashmere Road, Christchurch 8025

Telephone: 0064 3 364 4118
Email: justine.white@cdhb.health.nz

14 October 2015

Gerard Gallagher
Manager, Central City Development
Christchurch Central Development Unit
Canterbury Earthquake Recovery Authority
62 Worcester Boulevard
Private Bag 4999
Christchurch 8140

VIA EMAIL

Dear Gerard

Deans Avenue Carpark | Canterbury DHB Park and Ride

As agreed at the 7 October 2015 meeting, this letter is to formally confirm the discussion and outcome of that meeting.

The Canterbury DHB (CDHB) commits to the following:

- to move their Park and Ride scheme from its existing location to Global Edge Properties' car park known as "Deans Avenue Carpark" (previously known as the Sale Yards site) on 1 December 2015 for a duration of 2 years with potential for up to a further 5 years; and to shuttle patients and their visitors to and from the Deans Avenue Carpark using CDHB's own shuttles;
- to advertise availability of the shuttles from this site both in the media and with local signage;
- to provide a portacom and portable toilet cubicles for the CDHB Park and Ride Scheme for the shuttling patients and visitors. This portacom is currently located at Hillmorton Hospital campus and will be relocated to the Deans Avenue Carpark by Global Edge Properties. Once the CDHB's Park & Ride scheme has finished, CDHB will relocate the portacom from the Deans Avenue Carpark;
- making a one off contribution of [redacted] (being the fee for a licence to occupy and use the Deans Avenue Carpark for its Park and Ride, the CDHB allocated parking and a contribution towards Global Edge Properties costs of complying with its obligation

contained herein [including erecting the security fencing of the car park as provided below]); and

- preparing a licence to occupy or similar on behalf of the parties to give effect to the grant of rights to CDHB and the obligations of the parties as recorded in this letter.

based on Global Edge Properties agreeing:

- to provide 300 dedicated car parks for CDHB users Monday to Friday (these will need to be in a set area, painted/signed a different colour to the other car parks – located close to the set down area for our shuttle buses and have 18 mobility parks in this area). Shuttles still run on Saturdays and Sundays from 9am to 9pm but on average only transport around 150 per day compared to 900 plus per week day. Therefore less parking space is likely to be required for CDHB purposes on weekend days and public holidays;
- to relocate and install the CDHB Portacom from Hillmorton Hospital campus to the Deans Avenue Carpark (for shelter for the shuttling patients and visitors), in line with council and CDHB requirements and to provide a Licence to Occupy to CDHB (for the use of the CDHB owned portacom, CDHB leased portable toilet cubicle and allocated CDHB car parks). Global Edge Properties will be responsible for obtaining all approvals required to grant such rights to CDHB;
- that the ticket price to patients and visitors shall not exceed $5 per 24 hours parking;
- to ensure that the surface of the Deans Avenue Carpark will be of a standard that meets the health and safety requirements of the users of the car park and that this standard is maintained throughout the duration of the CDHB Park and Ride scheme on Deans Avenue Carpark;
- to provide meters on site which will be available to take both coins and notes;
- to install adequate fencing on three sides of the car park to assist with providing a reasonably secure area for people to leave their vehicles; and
- to provide adequate lighting of the areas as and when reasonably required;

and based on the Council and Global Edge Properties agreeing:

- to allow CDHB to use the Deans Avenue Carpark for its Park and Ride as proposed; and
- to allow CDHB to install Park and Ride signage/flags on the Deans Avenue road frontage of the Deans Avenue Carpark;

and based on Christchurch Central Development Unit (CCDU)/Canterbury Earthquake Recovery Authority (CERA):

- confirming the amendment to the construction sequence at the Metro Sports Complex site which will allow CDHB extended use of the current 'afternoon staff carpark site' until Q1 2018 (meaning the existing afternoon staff parking could be retained until early 2018);

- in conjunction with Wilson's Carparking , opening the eastern end of the carpark (off Antigua Street, near Hawkett Street) and installing a barrier arm at the entrance with usage open to people who book and pay for monthly parking; and
- confirming that once CDHB moves its Park and Ride base to the Deans Avenue Carpark, there will be no other daily parking available on the site, and no meters for the same.

I look forward to receiving confirmation from you on the above agreement.

Yours sincerely

Justine White
GM Finance & Corporate Services

Copy to: Alan Edge, Global Edge Properties
Mary Gordon, Canterbury DHB
George Schwass, Canterbury DHB

Tim Lester

From: Tim Lester
Sent: Wednesday, 25 November 2015 8:51 a.m.
To: 'alan@globaledge.co.nz'
Cc: George Schwass; Beng-Cheng Chan
Subject: Sale yards site- park and ride- licence to occupy
Attachments: Licence to Occupy - Park and Ride- Sale Yard Deans Ave 25-11-12.docx; Sale yards Site Layout.pdf

Hi Alan

I am a corporate solicitor at the CDHB and have been asked to put together a licence to occupy to give effect the licence arrangements for CDHB to operate its park and ride scheme from the sale yards site. Accordingly, please find **attached** a draft licence to occupy which I trust captures the key terms from the correspondence.

Please review and advise whether the licence is in order for signing or if you have any questions or comments.

I understand George will mark on the plan **attached** the CDHB licensed area (containing the portable building and toilets).

Happy to discuss.

Kind regards

Tim Lester
Corporate Solicitor
Canterbury District Health Board

T: 03 3378663 (Internal ext: 68663) | M: 027 8994468| E: tim.lester@cdhb.health.nz
Level 2, The Princess Margaret Hospital, Cashmere Road | PO Box 1600 | Christchurch | www.cdhb.govt.nz.

4th December 2015

PARTIES

GLOBAL EDGE PROPERTIES LIMITED

AND

CANTERBURY DISTRICT HEALTH BOARD

LICENCE AGREEMENT

LICENCE AGREEMENT

THIS AGREEMENT made the 4th day of December 2015

PARTIES

(1) **GLOBAL EDGE PROPERTIES LIMITED** (*Licensor*)

(2) **CANTERBURY DISTRICT HEALTH BOARD** (*Licensee*)

BACKGROUND

A The Licensor has a leasehold interest in property known as the sale yards situated at Deans Avenue and identified in certificate of title CB17/283 (Canterbury Registry) (the *Property*).

B The Licensee has requested that the Licensor grant to the Licensee a licence to occupy that part of the Property shown on the plan attached at Schedule 1 (the *Occupied Area*) from 1 December 2015 (the *Commencement Date*) for operating a park and ride scheme.

C The Licensor is willing to grant to the Licensee a licence to occupy the Occupied Area from the Commencement Date on the terms and conditions contained in this Agreement.

THE PARTIES AGREE as follows:

1 **Grant of licence to occupy**

1.1 In consideration of a one off infrastructure payment of [redacted] plus GST (*the Fee*), receipt of which is acknowledged by the Licensor, the Licensor grants to the Licensee, and the Licensee accepts an exclusive licence to occupy the Occupied Area (together with access for its shuttle buses to the Occupied Area along the route indicated on the plan attached at Schedule 1) from the Commencement Date to operate a park and ride scheme to the Christchurch Hospital.

1.2 This Agreement and the licence granted under it, shall continue for the period from the Commencement Date until 1 December 2017 (the *Term*). The Licensor agrees to grant to the Licensee the first right of refusal to renew this Agreement for a further term of three years expiring 1 December 2020 provided that:

(a) the Licensor has secured such additional leasehold interest (having taken reasonable steps to secure such additional leasehold rights from the owner) as is required to grant such a right of first refusal; and

(b) CDHB has given notice of an intention to renew subject to agreement being reached on any licence fee for the renewal term (as provided in clause 1.3 below) not less than 30 days prior to expiry of the Term.

1.3 The parties acknowledge that the Licensor does not intend to charge a licence fee for the renewal term unless the Licensor incurs a fee or charge in consideration of the renewal term, and/or any rental increase on the Property from the owner. In that event the parties shall discuss in good faith a licence fee payable by the Licensee for the renewal term that reflects the Licensor's fee or charge in consideration of the renewal term, and/or any rental increase for the Property and is proportional based on the percentage area of the Occupied Area relative to the Property.

2 **Warranty**

2.1 The Licensor warrants that it has the right to grant the Licensee the rights contained in this Agreement including all required approvals and consents of the Christchurch City Council required to locate a car park and operate a park and ride on the Property.

2.2 The parties acknowledge and agree that the Licensee gives no representation or warranty as to the extent of utilisation of the designated Licensee car parks as provided in clause 3.1(b) and the Licensor shall have no recourse against the Licensee for any under-utilisation.

3 **Licensor's Obligations**

3.1 The Licensor shall:

(a) Provide a level and sealed or metalled surface of a standard reasonably required for the use of the Property as a car park and park and ride scheme and to meet the health and safety requirements of users. The Licensor will be responsible for ensuring that this surface standard is maintained for the duration of the Term (including any renewal term).

(b) Provide 300 designated car parks for the Licensee's use, such car parks:

i. to be designated for the Licensee's use by being separately marked and indicated;

ii. located close to the set down area for the park and ride shuttle buses; and

iii. contain 18 designated mobility car parks.

(c) In consultation with Licensee as to location, provide power to the Occupied Area for connection to the portable building.

(d) Collect from Hillmorton Hospital, transport and install where agreed within the Occupied Area the Licensee's portable building and portable toilets for the Licensee's use.

(e) Provide automated parking pay stations on the Property. The parking prices for the Licensee's designated car parks shall not exceed $5 for all day parking (12:00am until midnight) for the first year and thereafter may only be increased on each anniversary of the Commencement Date by an amount not exceeding 10% on the previous year.

(f) Pay all outgoings in respect of the Property including (as applicable) rates or levies payable to any local or territorial authority, charges for all utilities or services, any service contract charges, car parking maintenance or repair charges, but excluding any utility charges payable by the Licensee.

(g) Install adequate fencing for the Property and Occupied Area as is required to make the Occupied Area reasonably secure for people to leave their vehicles.

(h) Provide adequate lighting to meet any consent requirements of the Christchurch City Council or as otherwise may be agreed to meet lighting requirements for winter months.

(i) Comply with the provisions of all statutes, ordinances, regulations, consents and by-laws relating to the use of the Property as a car park and park and ride scheme.

4 **Licensee's obligations**

4.1 The Licensee shall:

(a) Not use the Occupied Area for any use other than as reasonably required for operation of a park and ride scheme to and from the Christchurch Hospital.

(b) Provide a portable building and portable toilet for the Licensor to collect, transport and install where agreed on the Occupied Area for use by the Licensee.

(c) Subject to the rights as expressly set out in this Agreement, not alter or modify the Property without the Licensor's prior written consent.

(d) Permit the Licensor to enter the Occupied Area at all reasonable times and on reasonable notice to assess, maintain or repair the Occupied Area.

(e) Comply with the provisions of all statutes, ordinances, regulations, consents and by-laws relating to the use of the Occupied Area as a park and ride scheme.

(f) Where required by the Licensee, pay for any monitored or unmonitored security system or service required at the Occupied Area, and pay for the monthly power consumed by the Licensee at the Occupied Area to operate any security systems, portable buildings, and all lighting required for the Occupied Area, and additionally all monthly (or more regular) servicing of the portable toilets.

(g) Where required by the Licensee, pay for any connection and infrastructure costs associated with the bringing of water, sewer, or any other drainage or service connection to the Occupied Area or the portable building or portable toilets.

5 **Health and Safety**

5.1 Each party will observe all relevant health and safety requirements.

5.2 The Licensor shall be responsible for the preparation and provision of a site specific safety plan ("SSSP") for the Property and specifically in relation to the "Parking" function of the Occupied Area. The Licensee shall be required to comply with all reasonable requirements in accordance with the Licensor's SSSP.

5.3 The Licensee shall be responsible solely for the preparation and provision of a site specific safety plan ("SSSP") for the Occupied Area and specifically in relation to the "Ride" function of the Occupied Area. The Licensee agrees it shall be solely responsible for the health and safety requirements of its contractors, employees, and invitees in respect of the "Ride" aspects of the operation carried out on the Occupied Area.

5.4 The Licensor (in respect of the Property (excluding the Occupied Area)) and the Licensee (in respect of the Occupied Area) must work together and take all steps necessary to ensure that no act or omission by them respectively, their employees, sub-contractors or invitees:

(a) causes a hazard or harm to any person on or about the Property;

(b) is a breach of or causes the breach of any duty or obligation of under any relevant statute or regulation; or

(c) does or is likely to give rise to the issue of an improvement or prohibition notice, enforcement proceedings or a prosecution under the Health and Safety in Employment Act (or its replacement).

5.5 Each party must immediately notify the other if it is in breach or is likely to be in breach of this clause 5.

6 Termination

6.1 The Term of this Licence is fixed for a minimum period of two (2) years and may not be terminated without cause.

6.2 The Licensee may terminate this Agreement immediately by notice in writing if the Licensor:

(a) commits any material breach of this Agreement that is incapable of remedy;

(b) fails to remedy any material breach of this Agreement capable of remedy within 30 days of written notice from the Licensee requiring that breach to be remedied; or

(c) there is the commencement of the liquidation or insolvency of the Licensor (except for the purposes of solvent amalgamation or reconstruction) or upon the appointment of a receiver, liquidator, statutory manager or trustee of property or upon an assignment for the benefit of the Licensor's creditors or upon the Licensor being unable to pay its debts in the ordinary course of business.

6.3 In the event of valid termination by the Licensee under clause 6.2, there shall be no refund or partial refund of the fee paid in accordance with clause 1.1.

6.4 Any termination of this Agreement shall be without prejudice to any claim by one in respect of any failure by the other to observe or fulfill any obligation under this Agreement.

7 Licensee's obligations on termination

7.1 On the termination or expiration of this Agreement the Licensee shall to the reasonable satisfaction of the Licensor and at the expense of the Licensee:

(a) remove from the Occupied Area all property of the Licensee;

(b) ensure that the Occupied Area is in a neat, clean and sanitary condition; and

(c) return the Occupied Area to a similar condition to what it was in (fair wear and tear excluded) upon commencement of the licence.

8 Signage

8.1 The Licensee shall be entitled to affix, paint or exhibit or permit to be affixed, painted or exhibited any signboard or advertisement deemed reasonably required by the Licensee for the park and ride scheme without the prior approval of the Licensor, other than as to location and fixing, which the Licensor must be consulted on and approve. Any signage shall be secured in a proper manner so as not to cause any damage to the Property or any person and the Licensee shall at the end or sooner determination of the Term (including any renewal term) remove the signage and make good any damage occasioned in connection with the signage. The Licensee is solely responsible for ensuring that all signage erected complies with local authority bylaws, regulations and consenting requirements.

9 **Licensee's rights restricted**

9.1 Notwithstanding anything contained in this Agreement, the Licensee acknowledges that the rights given in this Agreement are by way of contract only, create no interest (whether by lease, equitable tenancy or otherwise) in the Property or the Occupied Area.

10 **Insurance**

10.1 Each party shall maintain all appropriate insurances, including without limitation, adequate public liability insurance, in respect of their respective use of the Property.

11 **Disputes**

11.1 If a party considers that there is a dispute in respect of any matter arising out of or in connection with this Agreement, then that party shall immediately give notice to the other party setting out details of the dispute. The parties will endeavour in good faith to resolve the dispute between themselves within ten (10) working days of receipt of the notice, failing which the parties will endeavour in good faith within a further ten (10) working days to appoint a mediator and resolve the dispute, time being of the essence.

11.2 Neither party will commence legal proceedings against the other except for injunctive relief before following the procedure set out in clause 11.1.

12 **Notices**

12.1 Any notice or communication under this Agreement between the parties may be delivered by letter, facsimile or email to the relevant contact details set out in Schedule 2 of this agreement.

12.2 Subject to clause 12.3, any notice shall be deemed to have been served three (3) working days after the date of posting or if delivered by hand on the date of delivery or if sent by fax on the date when the fax is successfully transmitted or if sent by email on the date when receipt of the email is acknowledged by the receiving party by return email or otherwise in writing, except that return emails generated automatically will not constitute an acknowledgement.

12.3 Any notice or communication received, or deemed received, after 5pm, or on a Saturday or Sunday or on a public holiday in Christchurch, shall be deemed not to have been received until the next day which is not a Saturday or Sunday or public holiday in Christchurch.

13 **Miscellaneous**

13.1 Each party will pay their own costs of the negotiation and preparation of this Agreement and any variation or renewal. Save as otherwise agreed between the parties, the Licensor will not charge the Licensee any costs incurred by the Licensor in considering any request for the Licensor's consent to any matter contemplated by this Agreement.

13.2 This Agreement may not be varied except by written agreement signed by each party, which agreement will record that it is part of this Agreement.

13.3 This Agreement shall be governed by and construed in accordance with the laws of New Zealand and the parties submit to the exclusive jurisdiction of the New Zealand courts.

EXECUTED as an Agreement

SIGNED for and on behalf of)
GLOBAL EDGE PROPERTIES LIMITED)

by _____ Director - ALAN EDGE

and by _____ Director/Authorised Person

Witnessed By.

[redacted]
Solicitor
Christchurch

SIGNED for and on behalf of)
CANTERBURY DISTRICT HEALTH BOARD)

by _____ Authorised Person

EXECUTED as an Agreement

SIGNED for and on behalf of)
GLOBAL EDGE PROPERTIES LIMITED)

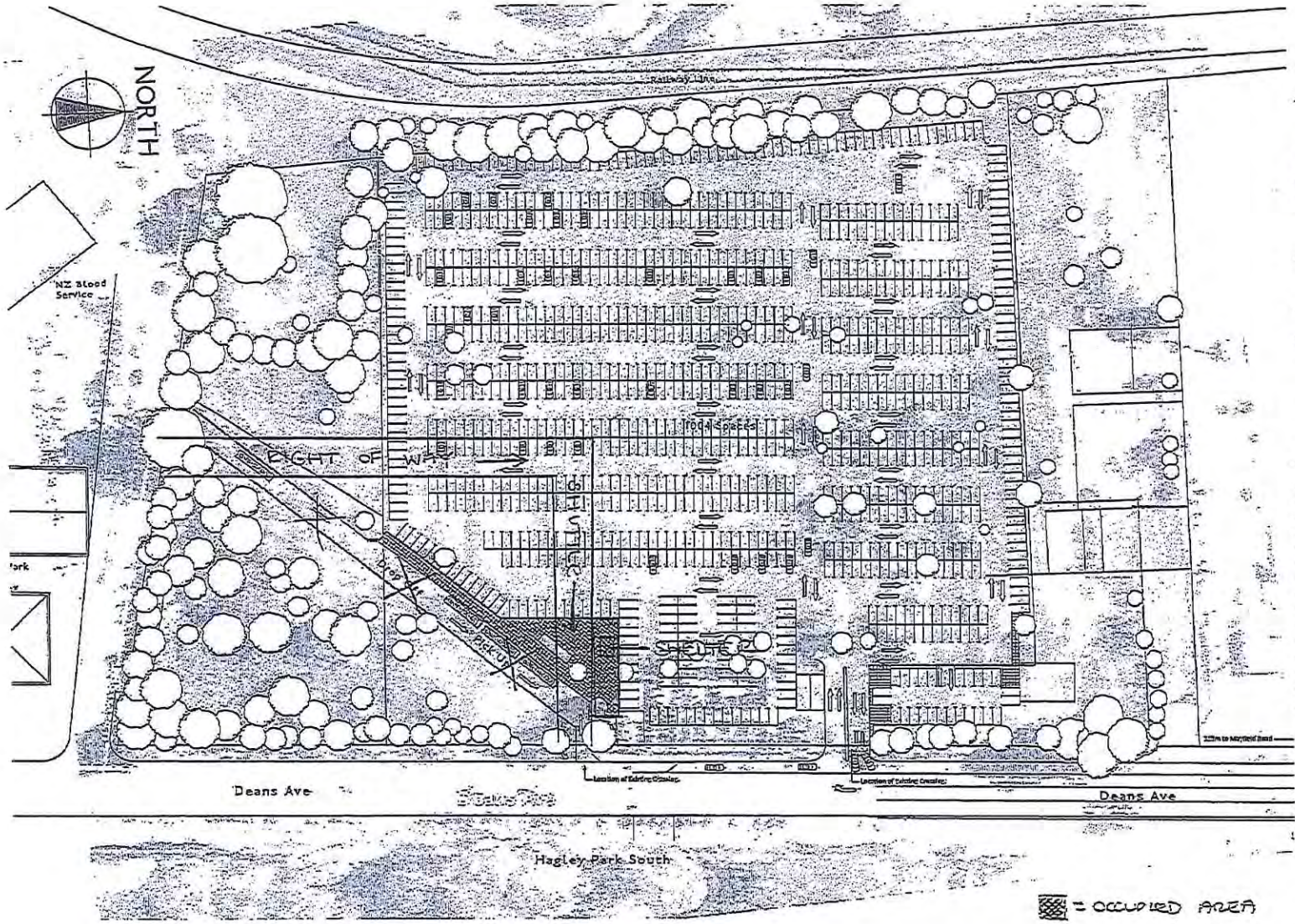
by _____ Director

and by _____ Director/Authorised Person

SIGNED for and on behalf of)
CANTERBURY DISTRICT HEALTH BOARD)

by _____ Authorised Person - Justine White
G.M FINANCE
C.D.H.B.

SCHEDULE 1



FORMER CANTERBURY SALE YARDS

11 DEANS AVENUE, RICCARTON

CHRISTCHURCH, NEW ZEALAND

Project Number 12027

W2 LIMITED

56 Oberon Street, Christchurch
phone 03 366 0566
web www.w2.nz

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DO NOT SCALE - All Dimensions in mm unless otherwise stated.

REVISION HISTORY

C	04/05/2015	Revised Parking Layout

CONCEPT	☐	
SCHEMATIC	☐	
PRELIMINARY	☐	
CONSENT	☐	
TENDER	☐	
CONSTRUCTION	☐	
AS BUILT	☐	

Date 4/02/2015

Title
Site Layout - Parking

Drawing No. A02 B

SCHEDULE 2
CONTACT DETAILS

Canterbury District Health Board
Address:
Contact Person: George Schwass
Phone: Fax: Mobile:
Email: george.schwass@cdhb.health.nz

Global Edge Properties Limited
Address: [redacted]
Contact Person: Alan Edge
Phone: Fax: Mobile [redacted]
Email: alan@globaledge.co.nz

Kathleen Smitheram

From: George Schwass
Sent: Tuesday, 28 March 2017 12:47 p.m.
To: 'Alan Edge (GE PROPERTY)'
Cc: Richard Boyce
Subject: FW: Multiple potholes
Attachments: 20170328_111739.jpg; 20170328_111751.jpg; 20170328_111806.jpg; 20170328_111830.jpg; 20170328_111852.jpg; 20170328_111224.jpg; 20170328_111248.jpg; 20170328_111308.jpg; 20170328_111341.jpg; 20170328_111442.jpg; 20170328_111613.jpg; 20170328_111623.jpg; 20170328_111645.jpg

Tracking:

Recipient	Read
'Alan Edge (GE PROPERTY)'	
Richard Boyce	Read: 28/03/2017 3:19 p.m.

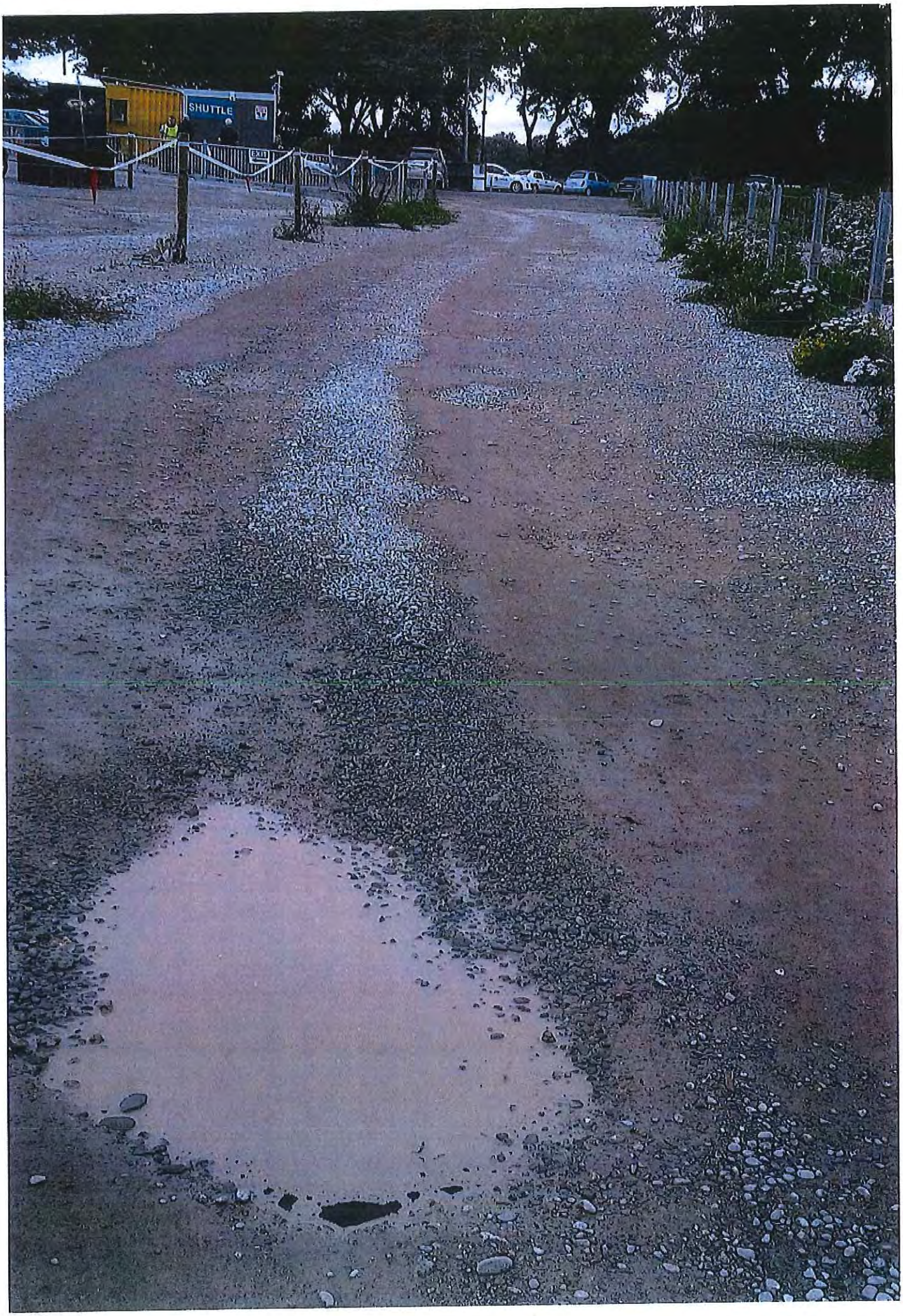
Mass complaints throughout our hospital complaint processes about your pot hole in the car park. Can you please get fixed
Our average age of those attending hospital is late 50s so it's a fall risk for them

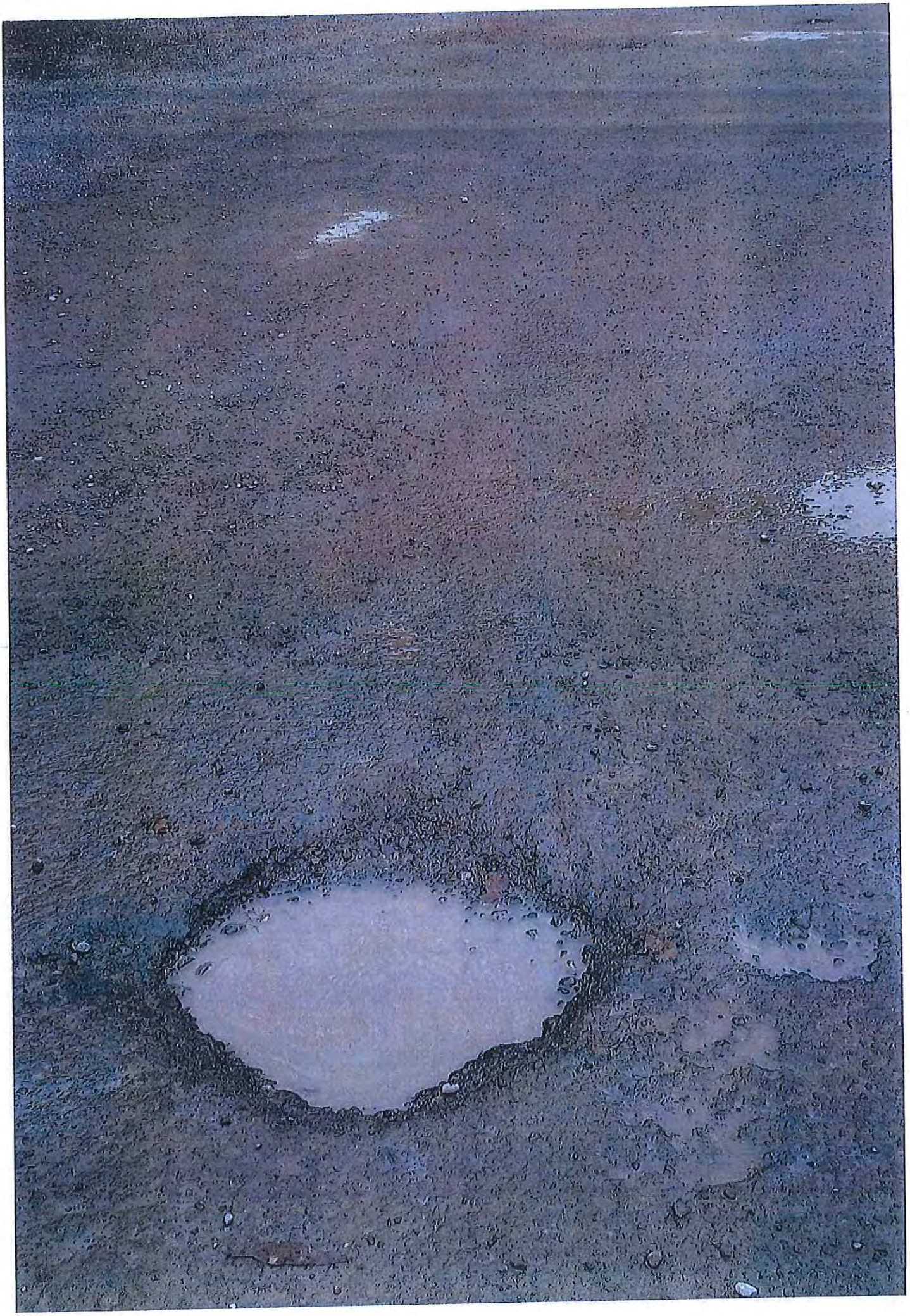
Regards George

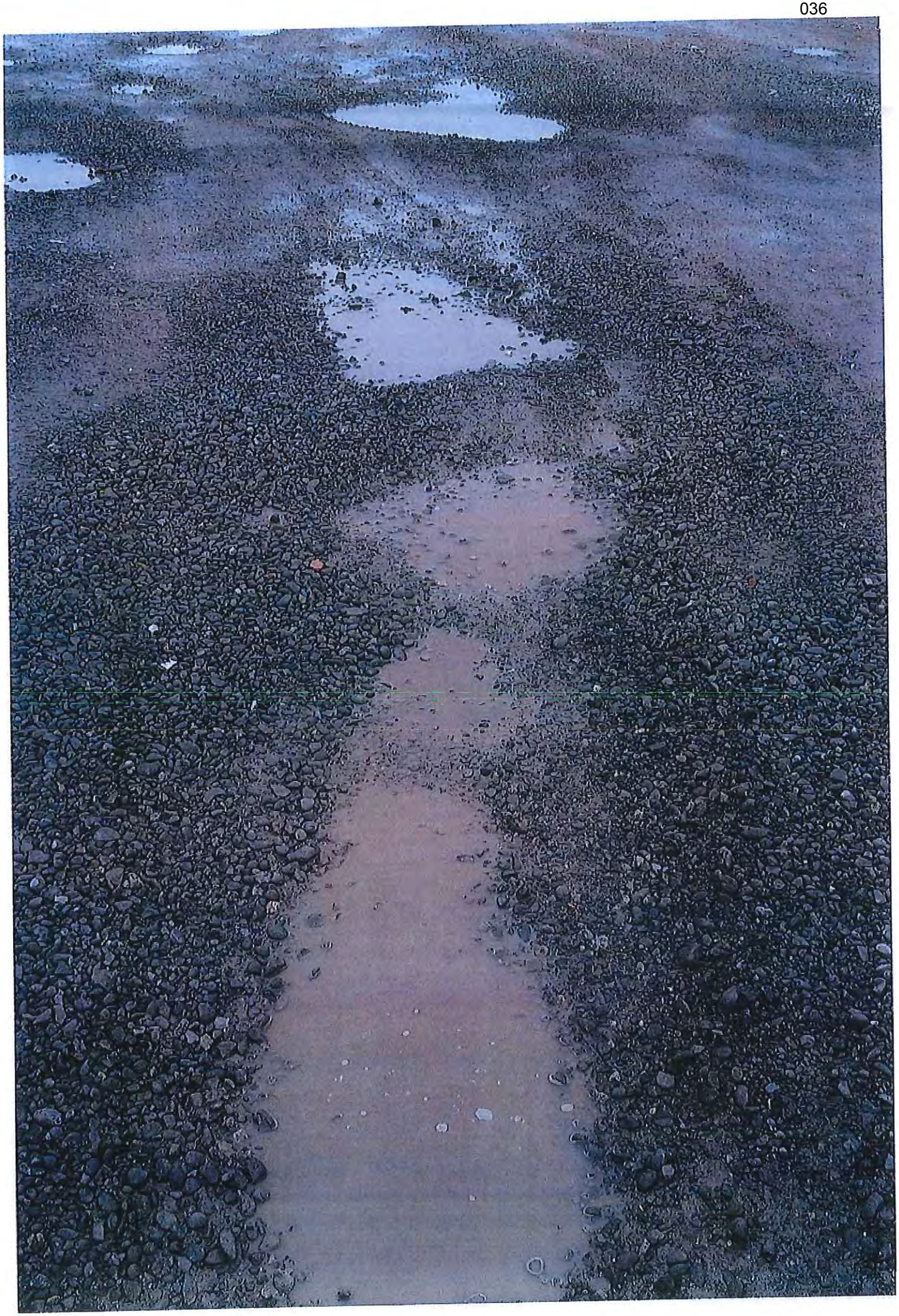
George Schwass
Senior Operations Manager
Hospital & Specialist Services
Canterbury District Health Board
CHCH Hospital ext 85343
(PA,Cheree Castle ext 85018;DD 3644018)

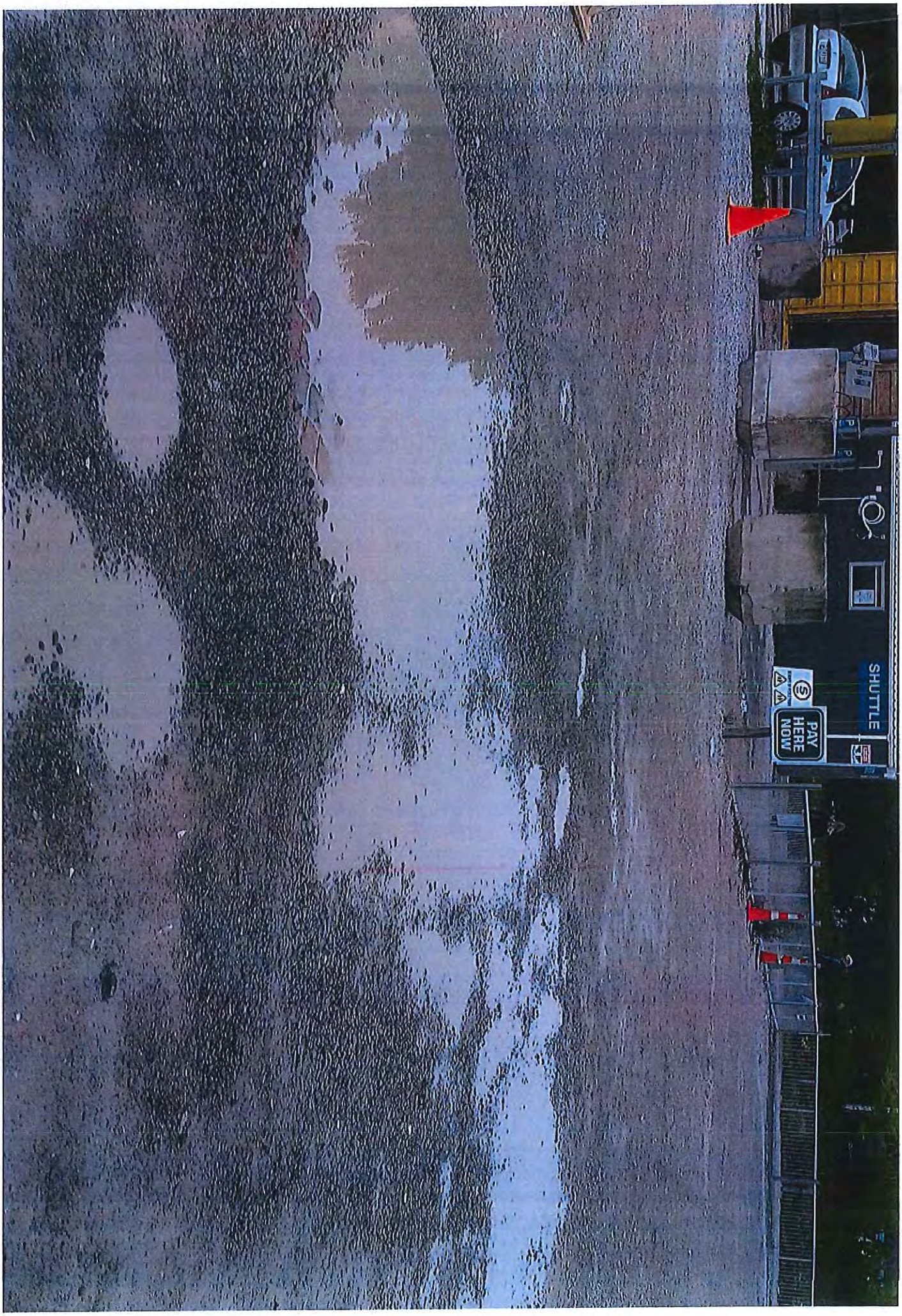
From: David Brian
Sent: Tuesday, 28 March 2017 11:44 a.m.
To: George Schwass <George.Schwass@cdhb.health.nz>
Subject: Multiple potholes

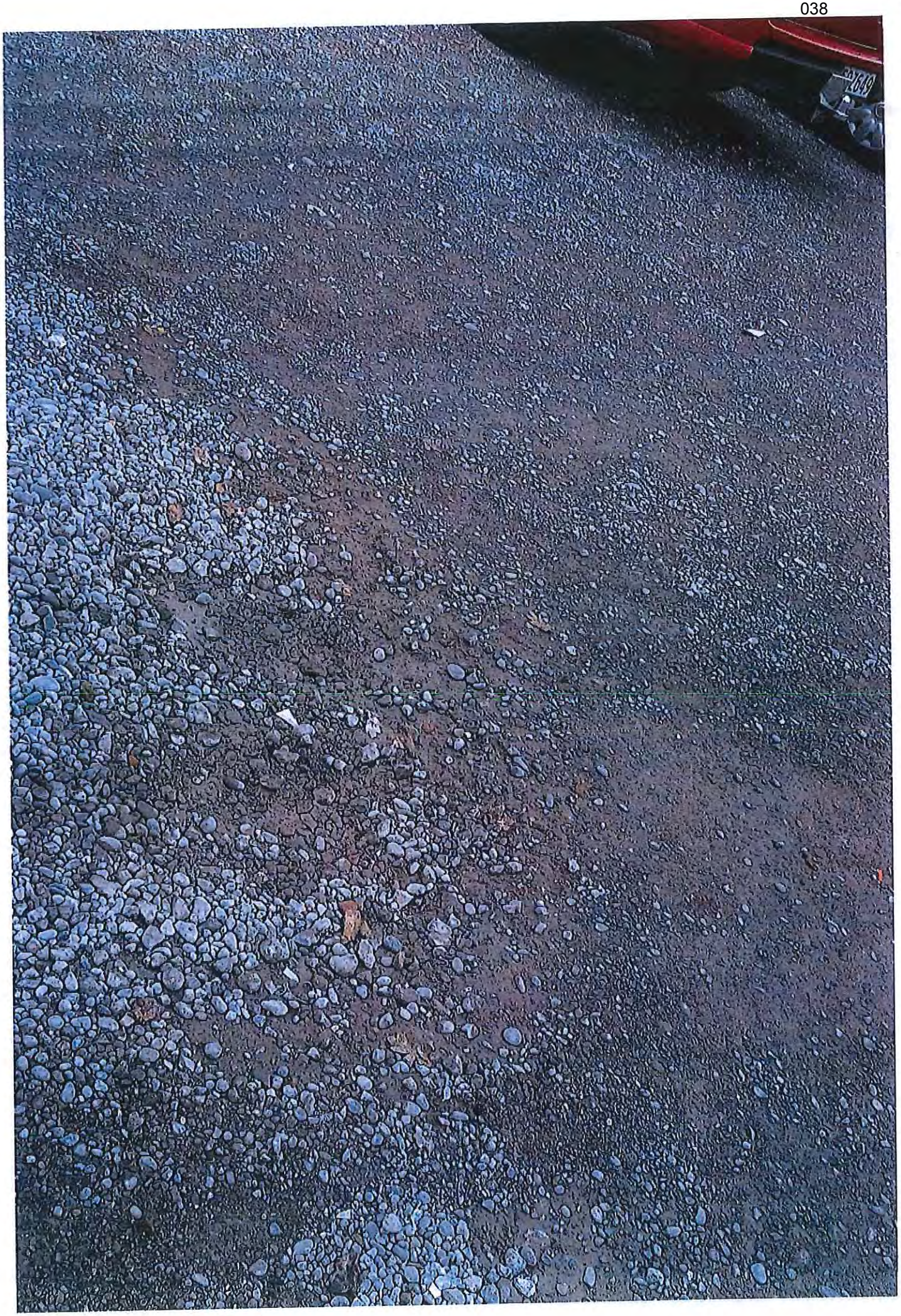
Regards
David


SHUTTLE
EXIT



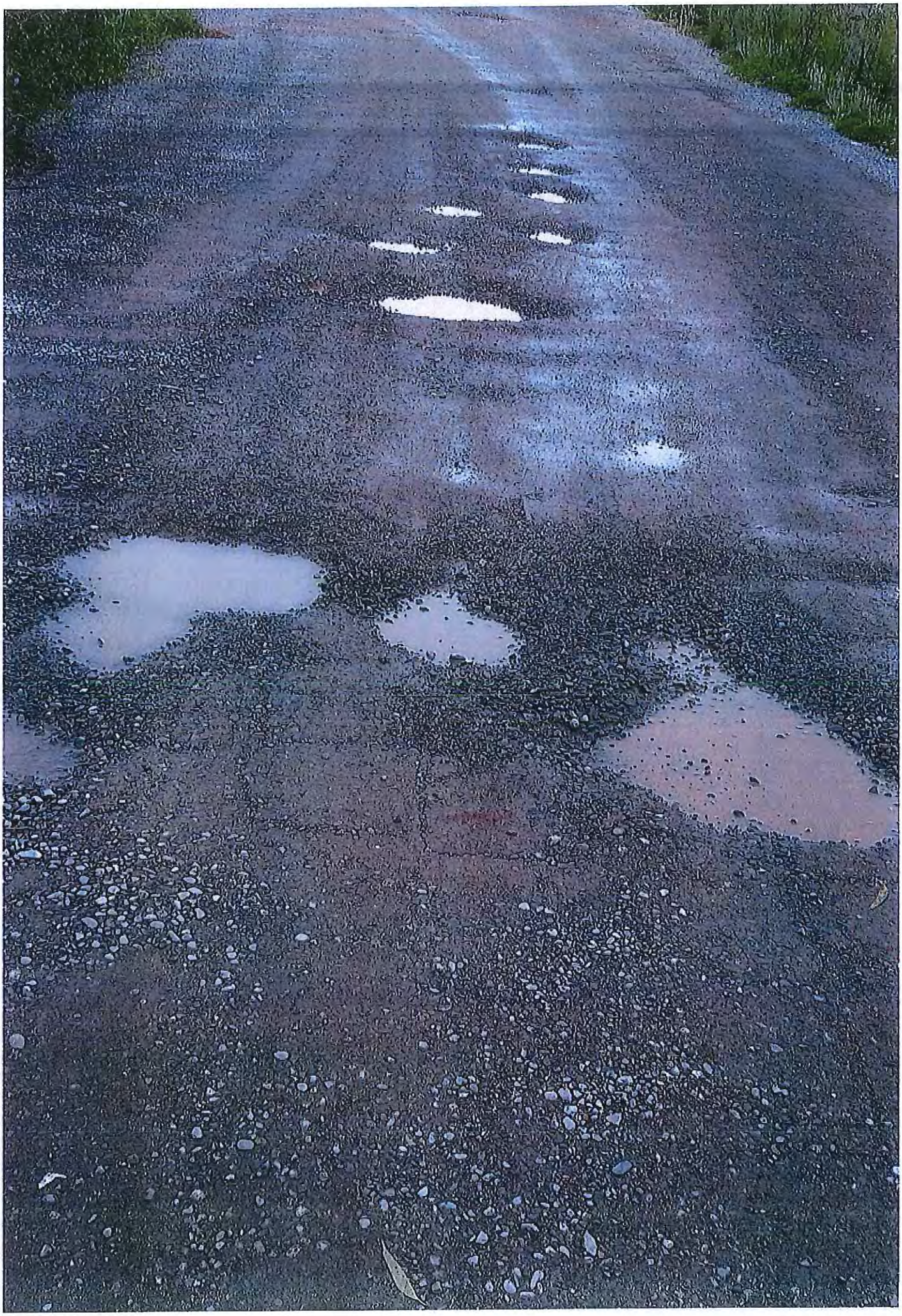



SHUTTLE
PAY HERE NOW




SHUTTLE
EXIT


SOLNTZ



Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CORPORATE OFFICE

Level 1, 32 Oxford Terrace
Christchurch 8011

Telephone: 03 364 4128
Email: tim.lester@cdhb.health.nz

26 May 2017

Global Edge Properties Limited
Alan Edge

By email: alan@globaledge.co.nz

RE: Licence Agreement – Canterbury District Health Board Sale Yards site at Deans Avenue.

We refer to the licence agreement dated 4 December 2015 (the *Agreement*).

Representatives of the DHB have previously corresponded with you and met with you to discuss the current condition of the property. As you are aware, there are numerous potholes on the property and the surface at the entry and exit points and the shuttle pick-up/set-down areas are in poor condition.

Despite some assurances from you, the surface condition has not been remedied to a reasonable standard. The condition is such that Canterbury DHB is receiving complaints from the public. We are concerned about the health and safety of DHB staff, patients and visitors using the property.

Under the Agreement you were to provide *a level and sealed or metalled surface of a standard reasonably required for use as a car park and park and ride scheme and to meet the health and safety requirements of users*. This has not been provided. Accordingly, we require and formally request you to comply with this obligation. In the meantime, and to address the immediate health and safety risk, we request the potholes be filled and the surface levelled.

CDHB has provided lighting at the office to illuminate the shuttle drop-off/pick-up area. However there is currently no other lighting on the property. Now that we are in the winter months, inadequate lighting in the hours of darkness has exacerbated the health and safety risk of the surface condition. As also provided for in the Agreement, we request that you implement an appropriate winter months' lighting solution for the car park as soon as possible.

We ask that you give this your urgent attention and advise accordingly.

Yours faithfully

Tim Lester
CORPORATE SOLICITOR

Copy to:

Justin.jones@cdhb.health.nz
Rachel.cadle@cdhb.health.nz
George.schwass@cdhb.health.nz

g:\tim\letters\4585